









**ORGANON**  
**OF**  
**MEDICINE**

( FIFTH AND SIXTH EDITION )

BY  
**SAMUEL HAHNEMANN**

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*Aude sapere*

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WITH  
AN INTRODUCTION AND COMMENTARY ON THE TEXT

BY  
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&  
A FOREWORD

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TEXT TRANSLATED FROM THE FIFTH GERMAN EDITION

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## TRANSLATOR'S PREFACE

IN this new edition of my translation of the ORGANON I have completely revised the text, in order to make it a still more exact reproduction of the original. In the Appendix I have given all the more important variations of the previous editions. I have also indicated the corresponding views as set forth in the *Essay on a New Principle* and the *Medicine of Experience*, both of which essays may be regarded as the precursor of the ORGANON. I have added Hahnemann's later opinions on several subjects treated of in this work. In the growth of such a complex thing as a new system of medicine, it was inevitable that there should be considerable alterations and improvements effected in the course of forty-eight years, the time occupied by Hahnemann in the elaboration of his novel doctrine and practice. His first idea of the homœopathic rule of practice occurred to him while translating Cullen's *Materia Medica* in 1790. The *Essay on a New Principle*, in which he propounded the homœopathic therapeutic rule, as yet believed by him to be of only "partial application," viz. to some chronic diseases, was published in 1796. Nine years after this, viz. in 1805, in the *Medicine of Experience*, he enunciated the rule with no such limitations of its applicability. This essay contains much of what we find in the first and later editions of the ORGANON. The first edition of this latter work appeared in 1810. The second edition, differing very considerably from the first, was published in 1819. The third edition, which hardly differed at all from the previous one, appeared in 1824. The fourth edition, which offers some important variations from the text of its immediate predecessor (chiefly determined by the new theory of chronic diseases), bears the date of 1829. The fifth and last edition, published in 1833, contains several novelties, such as the theories of the "vital force" and "the dynamisation of medicines." In previous editions Hahnemann had in several places spoken rather slightly of the vital force and its influence on the production and cure of disease, but these expressions are either eliminated or greatly modified in the last edition, and the "vital force" occupies quite a different and a much more important position in regard to disease, its cause and cure. The doctrine of dynamisation of medicines by the pharmaceutical processes peculiar to homœopathy, which had only been hinted at in previous editions,

is in this edition distinctly stated. The directions as to the repetition of the dose are also different from those in previous editions. These two last-named points are still further modified in Hahnemann's later work on *Chronic Diseases* (1838), as will be seen by the quotations I have made from that work.

Thus while the body of this work contains the *ORGANON* precisely as it appears in the last edition, the Appendix gives a detailed history of the origin, growth and progress of the homœopathic system of medicine in the mind of its author.

I have not presumed to criticise the views or statements of the author. His denunciations of the practice of the old school, though quite deserved when he wrote, are not applicable to the present condition of allopathic medicine. It is beyond all question that it was mainly owing to the treatment and practice of Hahnemann and his disciples that the disastrous methods in vogue for centuries previous to and far into his time have been abandoned. It remains, however, doubtful if the allopathic methods of the present day have any greater claim to scientific character or success than those they have superseded. Were Hahnemann alive now we can easily imagine how he would have inveighed against the school-medicine of the present day. The tonic, stimulant, anti-pyretic and narcotic practice of modern medicine is as far removed from the scientific simplicity of homœopathy as were the venesections, blisters, cauteries, purgatives and mercurialisations against which Hahnemann waged successful war. Hahnemann's vigorous protest against the dominant medicine of his day is useful as showing the negative good effects of homœopathy, for almost all the irrational practices he denounced have been abandoned; it remains for his followers to exhibit its positive effects in the victory of rational and scientific medicine.

I am indebted to Dr. Richard Hughes for several emendations of my first translation, whereby the author's meaning has been rendered more exact and clearer; also for some rectifications of Hahnemann's quotations and for the idea of a comparative table or concordance of the aphorisms in the several editions, which he gave in the *British Journal of Homœopathy*, vol. xxxix.

The references in the text to the notes in the Appendix are indicated by the sign "(a)," and some needful explanatory notes are enclosed in square brackets, or divided from the text by a line. The latter are confined to the quotations in the Appendix.

## PREFACE TO THE FIRST EDITION

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ACCORDING to the testimony of all ages, no occupation is more unanimously declared to be a conjectural art than medicine ; consequently none has less right to refuse a searching enquiry as to whether it is well founded than it, on which man's health, his most precious possession on earth, depends.

I consider that it redounds to my honour that I am the only one in recent times who has subjected it to a serious honest investigation, and has communicated to the world the results of his convictions in writings published, some with, some without my name.

In this investigation I found the way to the truth, but I had to tread it alone, very far from the common highway of medical routine. The farther I advanced from truth to truth, the more my conclusions (none of which I accepted unless confirmed by experience) led me away from the old edifice, which, being built up of opinions, was only maintained by opinions.

The results of my convictions are set forth in this book.

It remains to be seen whether physicians, who mean to act honestly by their conscience and by their fellow-creatures, will continue to stick to the pernicious tissue of conjectures and caprice, or can open their eyes to the salutary truth.

I must warn the reader that indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine. The physician who enters on his work in this spirit becomes directly assimilated to the Divine Creator of the world, whose human creatures he helps to preserve, and whose approval renders him thrice blessed.

## PREFACE TO THE SECOND EDITION

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PHYSICIANS are my brethren ; I have nothing against them personally. The medical art is my subject.

I have to inquire whether medicine as hitherto taught has, in all its parts, been merely developed out of the heads, the self-deception and the caprice of its professors, or whether it has been derived from nature.

If it be merely a product of speculative subtlety, arbitrary maxims, traditional practices and capricious deductions drawn from ambiguous premises, it is and remains a *nullity*, though it may reckon its age by thousands of years, and be decorated with the charters of all the kings and emperors of the earth.

The true healing art is in its nature a pure science of experience, and can and must rest on clear facts and on the sensible phenomena pertaining to their sphere of action, for all the subjects it has to deal with are clearly and satisfactorily cognizable by the senses through experience. Knowledge of the disease to be treated, knowledge of the effects of the medicines, and how the ascertained effects of the medicines are to be employed for the removal of diseases, all this experience alone teaches adequately. Its subjects can only be derived from pure experiences and observations, and it dares not take a single step out of the sphere of pure well-observed experiment, if it would avoid becoming a nullity, a farce.

But that the whole art of medicine as hitherto practised, though it has been, for want of something better, practised for these 2500 years by millions of physicians, many of whom were earnest high-minded men, is yet in every respect an extremely stupid, useless and thoroughly *null* affair, is proved by the following few incontrovertible considerations.

Unaided reason can know nothing of itself (*a priori*), can evolve *out of itself alone* no conception of the nature of things, of cause and effect ; *every one* of its conclusions about the actual must *always* be based on sensible perceptions, facts and experiences if it would elicit the truth. If in its operation it should deviate *by a single step* from the guidance of perception, it would loss itself in the illimitable region of phantasy and of arbitrary speculation, the mother of pernicious illusion and of absolute nullity.

In the pure *sciences of experience*, in physics, chemistry and medicine, merely speculative reason can consequently have no voice; there *when it acts alone*, it degenerates into empty speculation and phantasy, and produces only hazardous hypotheses, which in millions of instances are, and by their very nature must be, self-deception and falsehood.

Such has hitherto been the splendid juggling of so-called theoretical medicine, in which *a priori* conceptions and speculative subtleties raised a number of proud schools, which only showed what each of their founders had dreamed about things which could not be known, and which were of no use for the cure of diseases.

Out of these sublime systems, soaring far beyond all experience, medical practice could obtain nothing available for actual treatment. So it pursued its course confidently at the patient's bedside in accord with the traditional prescriptions of its books telling how physicians had hitherto treated, and in conformity with the methods of its practical authorities, unconcerned, like them, about the teachings of nature-guided experience, unconcerned about true reasons for its treatment, and quite content with the key to easy practice—the prescription book.

A healthy, unprejudiced, conscientious examination of this confused business shows plainly that what has hitherto gone by the name of "the art of medicine" was merely a pseudo-scientific fabrication, remodelled from time to time to meet the prevailing fashion in medical systems, like Geller's hat in the fable, but, as regards the treatment of disease, ever the same blind, pernicious method.

A healing art conformable to nature and experience did not exist. Everything in traditional medicine was the outcome of art and imagination, having no foundation in experience, but pranked out in the habiliments of probability.

The object of cure (the disease) was manufactured to order by pathology. It was arbitrarily settled what diseases, how many and what forms and kinds there should be. Just think! The whole range of diseases, produced in innumerable and *always unforeseeable variety* by infinite Nature in human beings exposed to thousands of different conditions, the pathologist cuts down so ruthlessly that a mere handful of cut and dry forms is the result!

The wiseacres define diseases *a priori*, and attributed to them transcendental substrata not warranted by experience (how could plain pure experience ever sanction such fantastic dreams?); no! they



pretended to possess an insight into the inner nature of things and the invisible vital processes, which no mortal can have.

Now, in order to decide on something positive with regard to the instruments of cure, the powers of the different medicines in the *materia medica* were *inferred* from their physical, chemical and other *irrelevant* qualities, also from their odour, taste and external aspect, but chiefly from impure experiences at the sick bed, where in the tumult of the morbid symptoms, only mixtures of medicines were prescribed for imperfectly described cases of disease. Just think ! the dynamic spiritual power of altering man's health hidden in the invisible interior of medicines, and never manifested *purely* and *truly* in any other way than by their effects on the healthy human body, was arbitrarily ascribed to them, *without interrogating the medicines themselves in this only admissible way of pure experiment, and listening to their response when so questioned !*

Then therapeutics taught how to apply the medicines, whose qualities had been thus inferred, ascribed or imagined, to the supposed fundamental cause or to single symptoms of disease, in conformity with the rule *contraria contrariis* of the hypothesis-framer Galen, and in direct opposition to nature ; and this doctrine was held to be more than sufficiently established if *eminent* authorities could be adduced in support of it.

All these unnatural human doctrines, after being connected together by all sorts of illogical false deductions, were then welded into scholastic forms by the noble art that devotes itself to division, subdivision and tabellation, and lo ! the manufactured article, the *art of medicine*, was ready for use,—a thing the most opposed to nature and experience it is possible to conceive, a structure built up entirely of the opinions of various kinds furnished by thousands of differently constituted minds. In all its parts this edifice is a pure nullity, a pitiable self-deception, eminently fitted to imperil human life by its methods of treatment, blindly counter to the end proposed, incessantly ridiculed by the wisest men of all ages, and labouring under the curse of not being what it professes to be, and not being able to perform what it promises.

Sober, unprejudiced reflection, on the other hand, can easily convince us that to hold correct views about every case of disease we have to cure, to obtain an accurate knowledge of the true powers of medicines, to employ them on a plan adapted to each morbid condition and to administer them in proper dose,—in a word, the complete true healing art, can never be the work of self-satisfied ratiocination and illusory

opinions, but that the requisites for this, the materials as well as the rules for its exercise, are only to be discovered by due attention to nature by means of our senses, by careful honest observations and by experiments conducted with all possible purity, and in no other way; and, rejecting every falsifying admixture of arbitrary dicta, must be faithfully sought in this the only way commensurate to the high value of precious human life.

It remains to be seen if by my conscientious labours in this way the true healing art has been found.

DR. SAMUEL HAHNEMANN.

LEIPZIG, end of the year 1818.

## PREFACE TO THE THIRD EDITION

IN the five years since the publication of the Second Edition, the truth of the homœopathic healing art has found so much acceptance from physicians far and near, that it can no longer be obscured, still less extinguished, by abusive writings, of which, however, there is no lack. I rejoice at the benefit it has already conferred on humanity, and look forward with intense pleasure to the not distant time when, though I shall be no longer here below, a future generation of mankind will do justice to this gift of a gracious God, and will thankfully avail themselves of the blessed means He has provided for the alleviation of their bodily and mental sufferings.

A great help to the spread of the good cause in foreign lands is won by the good French translation of the last edition, recently brought out at great sacrifice, by that genuine philanthropist, my learned friend Baron von Brunnow.\* He has enriched it with a preface which gives an

\**Organon de l'art de guerir ; traduit de l'original allemand du Dr. Samuel Hahnemann, Conseiller de Son Altesse Serenissime le Duc d'Anhalt-Kothen, par Erneste George de Brunnow ; a Dresde, chez Arnold, libraire-editeur, 1824.*

exposition of the homœopathic healing art and its history and at the same time serves as an introduction to the study of the work itself.

In this third edition I have not refrained from making any alterations and emendations suggested by increased knowledge and necessitated by further experience.

S. H.

KOTHEN ; *Easter*, 1824.

## PREFACE TO THE FOURTH EDITION

WHERE that nature whose self-help in diseases is believed by physicians of the traditional school to be the incomparable healing art, a close imitation of which should be the physician's highest aim, great Nature herself, *i. e.* the voice of ineffable wisdom of the great Artificer of the infinite universe, we should then feel constrained to be guided by this infallible voice, though we might be puzzled to understand why we physicians should, with our artificial interference by medicines, disturb or injuriously aggravate these presumably incomparable operations of nature's self-help in diseases (*vis medicatrix*); but this is far from being the case ! That nature, whose self-help was alleged by the traditional school of medicine to be the incomparable healing art and the only thing worth imitating, is merely the individual nature of the organic man, is nothing but the instinctive, irrational, unreasoning vital force subject to the organic laws of our body, which is ordained by the Creator to maintain the functions and the sensations of the organism in marvellously perfect condition so long as the man continues in good health, but was not intended nor adapted for the restoration in the best manner of deranged or lost health. For should our vital force have its integrity impaired by injurious influences from without, then this force strives instinctively and automatically to free itself from the adventitious derangement (disease) by revolutionary processes ; but these very efforts are themselves disease ; they are a second different malady substituted for the original one. The vital force, I say, produces, in accordance with the laws of the constitution of the organism to which it is subject, a disease of a different sort, intended to expel the disease by which it was attacked, which it strives to accomplish by pain, metastases and so forth, but

mainly by evacuations and the sacrifice of much of the fluid and solid constituents of the body, with difficult, often dubious, injurious, frequently even disastrous results.

Were it not that men in all ages were aware of this imperfection, and the not infrequent inadequacy of these blind efforts of the instinctive unreasoning vital force in its attempts at self-help in diseases, they would not have longed so much nor so zealously striven to assist the suffering vital force, so powerless to help itself efficiently, by the employment of better remedial means in order to terminate the morbid process in a more speedy and sure manner, thereby restoring the wished-for health as speedily as possible,—in a word, they would not have exerted themselves to discover a healing art.

But as what has hitherto been termed “healing art” was a mere (imperfect) imitation of those unhelpful, useless, not infrequently injurious efforts and operations of the instinctive, unreasoning vital force (misnamed nature) when left to itself in disease, it will, I think, be conceded that before me the true healing art was not discovered.

But that homœopathy is this healing art, which had hitherto been sought for in vain, its fundamental principles teach, its performances prove.

SAMUEL HAHNEMANN.

KOTHEN ; *January*, 1829

## PREFACE TO THE FIFTH EDITION

In order to give a general notion of the treatment of diseases pursued by the old school of medicine (allopathy), I may observe that it presupposes the existence sometimes of excess of blood (*plethora—which is never present*), sometimes of morbid matters and acridities ; hence it taps off the life's blood and exerts itself either to clear away the imaginary disease-matter or to conduct it elsewhere (by emetics, purgative, sialogogues, diaphoretics, diuretics, drawing plasters, setons, issues, &c.), in the vain belief that the disease will thereby be weakened and materially eradicated ; in place of which the patient's sufferings are thereby increased, and by such and other painful appliances the forces and nutritious juices indispensable to the curative process are abstracted from the organism. It

assails the body with large doses of powerful medicines, often repeated in rapid succession for a long time, whose long-enduring, not infrequently frightful effects it knows not, and which it, purposely it would almost seem, makes unrecognisable by the commingling of several such unknown substances in one prescription, and by their long-continued employment it develops in the body new and often ineradicable medicinal diseases. Whenever it can, it employs, in order to keep in favour with its patient,<sup>1</sup> remedies that immediately suppress and hide the morbid symptoms by opposition (*contraria contrariis*) for a short time (palliatives), but that leave the disposition to these symptoms (the disease itself) strengthened and aggravated. It considers affections on the exterior of the body as purely local and existing there independently, and vainly supposes that it has cured them when it has driven them away by means of external remedies, so that the internal affection is thereby compelled to break out on a nobler and more important part. When it knows not what else to do for the disease which will not yield or which grows worse, the old school of medicine undertakes to change it into something else, it knows not what, by means of an *alternative*,—for example, by the life-undermining calomel, corrosive sublimate and other mercurial preparations in large doses.

To render (through ignorance) if not fatal, at all events incurable, the vast majority ( $\frac{9}{10}$ ) of all diseases, namely, those of a chronic character, by continually weakening and tormenting the debilitated patient, already suffering without that from his disease and by adding new destructive drug diseases, this clearly seems to be the unhallowed main business of the old school of medicine (allopathy)—*and a very easy business it is* when once one has become an adept in this pernicious practice, and is sufficiently insensible to the stings of conscience!

And yet for all these mischievous operations the ordinary physician of the old school can assign his reasons, which, however, rest only on foregone conclusions of his books and teachers, and on the authority of this or that distinguished physician of the old school. Even the most opposite and the most senseless modes of treatment find there their defence, their authority—let their disastrous effects speak ever so loudly against them. It is only under the old physician who has been at last

<sup>1</sup>For the same object the experienced allopath delights to invent a fixed name, by preference a Greek one, for the malady, in order to make the patient believe that he has long known this disease as an old acquaintance, and hence is the fittest person to cure it.

gradually convinced, after many years of misdeeds, of the mischievous nature of his so-called art, and who no longer treats even the severest diseases with anything stronger than plantain water mixed with strawberry syrup (*i.e.* with nothing), that the smallest number are injured and die.

•This non-healing art, which for many centuries has been firmly established in full possession of the power to dispose of the life and death of patients according to its own good will and pleasure, and in that period has shortened the lives of ten times as many human beings as the most destructive wars, and rendered many millions of patients more diseased and wretched than they were originally—this allopathy, I shall first expose somewhat more minutely before teaching in detail its exact opposite, the newly discovered true healing art.

As regards the latter (homœopathy) it is quite otherwise. It can easily convince every reflecting person that the diseases of man are not caused by any substance, any acidity, that is to say, any disease-matter, but that they are solely spirit-like (dynamic) derangements of the spirit-like power (the vital force) that animates the human body. Homœopathy knows that a cure can only take place by the reaction of the vital force against the rightly chosen remedy that has been ingested, and that the cure will be certain and rapid in proportion to the strength with which the vital force still prevails in the patient. Hence Homœopathy *avoids everything in the slightest degree enfeebling*,<sup>1</sup> and as much as possible every excitation of pain, for pain also diminishes the strength, and hence it employs for the cure ONLY those medicines whose effects in altering and deranging (dynamically) the health it knows *accurately*, and from these it selects one whose pathogenetic power (its medicinal disease) is capable of removing the natural disease in question by similarity (*similia similibus*), and this it administers to the patient in simple form, but in rare and minute doses (so small that, without occasioning pain or weakening, they just suffice to remove the natural malady by means of the reacting energy of the vital force), with this result: that without weakening,

<sup>1</sup> Homœopathy sheds not a drop of blood, administers no emetics, purgatives, laxatives or diaphoretics, drives off no external affection by external means, prescribes no warm baths or medicated clysters, applies no Spanish flies or mustard plasters, no setons, no issues, excites no pyalism, burns not with moxa or red-hot iron to the very bone, and so forth, but gives with its own hand its own preparations of simple uncompounded medicines, which it is accurately acquainted with, never subdues pain by opium, &c.

injuring or torturing him in the very least, the natural disease is extinguished, and the patient, even whilst he is getting better, gains in strength and thus is cured—an apparently easy but actually troublesome and difficult business, and one requiring much thought, but which restores the patient without suffering in a short time to perfect health,—and thus it is a salutary and blessed business.

Thus homœopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice, which, like the doctrine whereon it is based, if rightly apprehended will be found to be so exclusive (and *only in that way* serviceable), that as the doctrine must be accepted in its purity, so it must be purely practised, and all backward straying<sup>1</sup> to the pernicious routine of the old school (whose opposite it is, as day to night) is totally inadmissible, otherwise it ceases to deserve the honourable name of homœopathy.

That some misguided physicians who would wish to be considered homœopathists, engraft some, to them more familiar, allopathic malpractices upon their nominally homœopathic treatment, is owing to ignorance of the doctrine, laziness, contempt for suffering humanity, and ridiculous conceit ; and, besides showing unpardonable negligence in searching for *the best* homœopathic specific for each case of disease, has often a base love of gain and other sordid motives for its spring—and for its result? that they cannot cure all important and serious diseases (which pure and careful homœopathy can), and that they send many of their patients to that place whence no one returns, whilst the friends console themselves with the reflection that everything (including every hurtful allopathic process !) has been done for the departed.

<sup>1</sup> I am therefore sorry that I once gave the advice, savouring of allopathy, to apply to the back in psoric disease a resinous plaster to cause itching, and to employ the finest electrical sparks in paralytic affections. For as both these appliances have seldom proved of service, and have furnished the mongrel homœopathists with an excuse for their allopathic transgressions, I am grieved I should ever have proposed them, and *I hereby solemnly retract them*—for this reason also, that, since then, our homœopathic system has advanced so near to perfection that they are *now no longer* required.

SAMUEL HAHNEMANN.

KOTHEN ; *March 28th, 1833.*

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## TEXT OF THE ORGANON 1

§ 1, 2. The sole mission of the physician is to cure rapidly, gently, permanently.

NOTE.—Not to construct theoretical systems, nor to attempt to explain phenomena.



- 3, 4. He must investigate what is to be cured in disease and know what is curative in the various medicines, in order to be able to adapt the latter to the former, and must also understand how to preserve the health of human beings.
5. Attention to exciting and fundamental causes and other circumstances, as helps to cure.
6. For the physician, the disease consists only of the totality of its symptoms.

NOTE.—The old school's futile attempts to discover the essential nature of disease (*prima causa*).

7. Whilst paying attention to those circumstances (§ 5) the physician needs only to remove the totality of the symptoms in order to cure the disease.

NOTE. 1.—The cause that manifestly produces and maintains the disease should be removed.

NOTE. 2.—The symptomatic palliative mode of treatment directed towards a single symptom is to be rejected.

8. If all the symptoms be eradicated, the disease is always cured internally also.

NOTE.—This is stupidly denied by the old school.

9. During health a spiritual power (autocracy, vital force) animates the organism and keeps it in harmonious order.

§ 10. Without this animating, spirit-like power the organism is dead.

11. In disease, the vital force only is primarily morbidly deranged, and expresses its sufferings (the internal change) by abnormal sensations and function of the organism.

NOTE.—It is unnecessary for the cure to know how the vital force produces the symptoms.

12. By the disappearance of the totality of the symptoms by the cure, the affection of the vital force, that is to say, the whole internal and external morbid state is also removed.

13. To regard those diseases that are not surgical as a peculiar distinct thing residing in the human frame is an absurdity which has rendered allopathy so pernicious.

14. Everything of a morbid nature that is curable makes itself known to the physician by disease-symptoms.

15. The affection of the diseased vital force and the disease-symptoms thereby produced constitute an inseparable whole—they are one and the same.

16. It is only by the spiritual influences of morbidic noxæ that our spirit-like vital force can become ill ; and in like manner, only by the spirit-like (dynamic) operation of medicines that it can be again restored to health.
17. The practitioner, therefore, only needs to take away the totality of the disease-signs, and he has removed the entire disease.

NOTES. 1, 2.—Illustrative examples.

18. The totality of the symptoms is the only indication, the only guide to the selection of a remedy
19. The alteration of the state of the health in diseases (the disease-symptoms) cannot be cured by the medicines otherwise than in so far as the latter have the power of also producing alterations in man's health.
20. This power of medicines to alter the state of the health can only be ascertained by their effects on (healthy) persons.
21. The morbid symptoms that medicines produce in healthy individual are the only thing wherefrom we can learn their disease-curing power.
22. If experience should show that by medicines that possess *similar* symptoms to the disease the latter would be most certainly and permanently cured, we must select for the cure medicines with similar symptoms ; but should it show that the disease is most certainly and permanently cured by *opposite* medicinal symptoms, we must choose for the cure medicines with opposite symptoms.

NOTE.—The employment of medicines whose symptoms have no actual (pathological) relation to the symptoms of the disease, but which act on the body in a different manner, is the *allopathic* method, which is to be rejected.

- § 23. By opposite medicinal symptoms (*antipathic treatment*) persisting disease symptoms are not cured.
- 24, 25. The other remaining method of treatment, the *homœopathic*, by means of medicines with similar symptoms, is the only one that experience shows to be always salutary.
26. This is dependent on the therapeutic law of nature that a weaker dynamic affection in the living organism is permanently extinguished by one that is very similar to and stronger than it, only differing from it in kind.

NOTE.—This applies both to physical affections and moral maladies.

27. The curative power of medicines, therefore, depends on the symptoms they have similar to the disease.
- 28, 29. Attempt to explain this therapeutic law of nature.  
NOTE.—Illustration of it.
- 30—33. The human body is much more disposed to let its state of health be altered by medicinal forces than by natural disease.
- 34, 35. The correctness of the homœopathic therapeutic law is shown in the want of success attending every unhomœopathic treatment of a long-standing disease, and in this also, that two natural diseases meeting together in the body, if they be dissimilar to each other do not remove or cure one another.
36. I. The older disease existing in the body, if it be equally as strong or stronger, keeps away from the patient a new dissimilar disease.
37. Thus under unhomœopathic treatment that is not violent, chronic diseases remain as they were.
38. II. Or a new, stronger disease, attacking an individual already ill, suppresses only, as long as it lasts, the old disease that is dissimilar to it, already present in the body, but never removes it.
39. It is just in this way that violent treatment with allopathic drugs does not cure a chronic disease, but suppresses it only as long as the action of the powerful medicines, which are unable to excite any symptoms similar to the disease, lasts ; after that, the chronic disease makes its appearance as bad or worse than before.
40. III. Or the new disease, after having long acted on the body, joins the old one that is dissimilar to it, and thence arises a double (complex) disease ; neither of these two dissimilar diseases removes the other.
41. Much more frequently than in the course of nature, an artificial disease caused by the long-continued employment of powerful, inappropriate (allopathic) medicine in ordinary practice, associates itself with the old natural disease, which is dissimilar to (and therefore not curable by) the former, and the chronic patient now becomes doubly diseased.
- § 42. These diseases that thus complicate one another take, on account of their dissimilarity, each the place in the organism suited for it.
- 43, 44. But quite otherwise is it on the accession of a stronger disease to a pre-existing one *similar* to it ; in that case the latter will be removed and cured by the former.

45. Explanation of this phenomenon.
46. Instances of chronic diseases being cured by the accidental accession of another similar but stronger disease.
- 47—49. In cases where diseases come together in the course of nature, it is only one that displays similar symptoms that can remove and cure the other, a dissimilar disease can never do this ; this should teach the physician what kind of medicines he can certainly cure with, namely, with homœopathic ones alone
50. Nature has but few diseases to send to the homœopathic relief of other diseases, and these its remedial agents are accompanied by many inconveniences.
51. On the other hand, the physician has innumerable remedial agents, possessing great advantages over those.
52. From what takes place in nature, the physician may learn never to treat diseases with other than homœopathically selected medicines, whereby he will be able to cure them, which he never could do with heterogeneous (allopathic) remedies, that never cure, but only injure the patient.
- 53, 54. There are but three possible modes of employing medicines against diseases.
  1. The homœopathic, which alone is efficacious ;
  - 55 2 The allopathic, or heteropathic ;
  56. 3 The antipathic (enantipathic) or palliative.
- NOTE.—Remarks on isopathy, as it is termed.
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80, 81. Psora ; it is the mother of all true chronic diseases except the syphilitic and sycotic.

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## ( PART II. )

*Contains :*

- (a) HAHNEMANN'S INTRODUCTION
  - (b) DUDGEON'S APPENDIX
  - (c) COMMENTATOR'S NOTES
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# INTRODUCTION

## CHAPTER 1.

### **A historical and critical study of the evolution of Medical Philosophy in the West.**

In the study of any branch of science, an acquaintance with the historical development of knowledge is an important element in a clear understanding of our present conceptions. It is because the past supplies the key to the present and future. This truth provides ample justification for a critical review of the concepts involved in the Homœopathic art of healing in the light of the evolutionary growth of general philosophical and medical concepts in the West. It is only through such a study that the place of Homœopathy, often considered as a rebel against the traditional medicine, can be rightly assessed in the field of medicine in general. It has been very aptly remarked by Prof. A. N. Whitehead that, "if science is not to degenerate into a medley of "ad hoc" hypothesis, it must become philosophical and must enter upon a thorough criticism of its own foundations." Such a study reveals that science has a dynamic quality when viewed not merely as a practical undertaking but as a process of developing conceptual schemes. For science advances not by accumulation of new facts (a process which may even conceivably retard scientific progress) but by the continuous development of new and fruitful concepts, which, besides their economy of thought and simplicity with which they can accommodate the known observations, point to the opening of new vistas of thought and experience. Science seeks to deal with those concepts which arise from controlled experiments and observations and in turn lead to further experiments and observations. Throughout his whole course of study a student of medicine should always bear in mind that the sciences which the art of medicine calls to its aid, are not static but always growing (including modifications and radical changes) along with the progress in human knowledge (in all its spheres) which seems to be directed by the inscrutable laws of the Time-spirit.



History does not record the precise date of the advent of Man on this earth. But is evident that the things which claimed the first attention of man from time immemorial are the wonders of the universe and diseases which incapacitated him periodically and death which terminated his earthly existence. These phenomena urged man to understand Nature as well as himself more and more clearly—and comprehensively along with the evolutionary growth of his reason-gifted mind. Instinct was his guide in the primitive stage and this yielded to intelligence as time rolled on. In all ages and climes, a section of men appeared who did not want millions but replies to their queries; but where reason failed, they unfortunately sought to fill up the gaps with fancies and imaginations. In quest of truth mankind has followed more or less an identical method of enquiry viz, observations, generalizations, including classification, inferences and conclusions thereof; but the advancement of knowledge is not due to utilisation of some newer faculties of mind but of those self-same faculties used in a better way, a more faultless way or which are now known as the scientific way i.e., observations sought to be made more thoroughly and comprehensively with an unprejudiced mind, generalisations and inferences arrived at with the help of strictly logical canons, conclusions established after experimental verifications to bring out correspondence between theories and factual realities and unwarranted assumptions in the premises being gradually picked out and rejected. Thus man is continually attempting to describe and explain the universe he lives in. Thus dawned the scientific attitude of mind through the development of Reason—‘undoubtedly the highest developed faculty of man at his present point of “evolution” and the sovereign, because of the governing and self-governing faculty in the complexities of our human existence’—to arrive at truth and to apply it for various practical purposes of life. ‘Reason’ according to Sri Aurobindo, “is science, it is conscious art, it is invention. It is observation and can sieze and arrange truth of facts; it is speculation and can extricate and forecast truth of potentiality. It is the idea and its fulfilments, the ideal and its bringing to fruition. It can look through the immediate appearance and unveil the hidden truths behind it. It is the servant and yet the master of all utilities; it can, putting away all utilities, seek disinterestedly truth for its own sake and by finding it reveal a whole world of new possible utilities. Therefore it is a sovereign power by which man has become possessed of himself;

student and master of his own forces, the god-head on which other god-heads in him have leaned for help in their ascent ; it has been the Prometheus of the mythical parable, the helper, instructor, elevating friend, civiliser of mankind." On the other hand man found that often did he stumble on a practical success in a pragmatic way through sheer observation and an instinctive way of doing things and achieving the desired result. Long before he could advance any reason for his particular way of doing a thing he came to hit upon a practical procedure of doing things to which the term 'Art' is applied. As instinct and intuition preceded Reason, so Art preceded science. "Science teaches us to know ; science is theory. Art teaches us to do ; Art is practice. Every Art has its foundation in science ; every science finds its expression in Art" ( Stuart Close : Genius of Homœopathy ). Consciously or unconsciously the artist at work is applying principles and laws, formulated and systematised knowledge of which constitutes science. An integral development of personality is achieved when the artist becomes a scientist and the scientist becomes an artist.

Death, disease and incapacity dog the foot-steps of every living being since its appearance on the earth. Naturally the problem of diseases and how to get rid of them was one of the earliest pre-occupations of men. It began as an art of healing and still remains so predominantly, though man is ever attempting to practice this art on more and more scientific lines. In the earliest times the priests were in charge of religion and medicine i.e., they were entrusted with the care of the soul and cure of the body. To primitive man disease was the punishment decreed by an offended god or the result of the possession of the body by some evil spirits or the effects of ill-designs of an enemy. Accordingly magic came to be employed as a remedial method. Later these notions were replaced by nonetheless another dominant superstition, namely, an undue, almost religious respect for the authority of the so-called past fathers of medicine. This abject servile mental attitude to authority created an atmosphere which helped to stifle freedom of thought, to prevent investigation into the truth of traditional belief and to render any such act of independant observation and conclusion a positive professional crime in the eyes of the medical authorities of the day. Galen, the great Roman (A. D. 131-200) was such an authority in the field of European medicine His teaching dominated medicine for the next 1200 years

till the Renaissance period. Extreme punishments were meted out to rebels who dared to question his knowledge. Thus Michael Servetus (1509-1553 A. D.), the unfortunate Spaniard was burnt at the stakes for his discovery of the pulmonary circulation which went against the traditional medical doctrines of his days; Vesalius (1515-1604 A. D.) known as the father of modern Anatomy was hounded out of Padua, as he disposed of many anatomical myths by dissecting the human body; and William Harvey (1578-1657), the discoverer of systemic circulation had to bear much criticism from his colleagues. Even now Homœopathy, the latest fruit of human genius in the field of medicine, is villified and sought to be suppressed by the Orthodox Medical School which seems to uphold the supreme authority of the physical sciences.

Though the history of western medicine can be traced from the pre-Hippocratic period through subsequent periods—the Hippocratic, the Alexandrian, the Galenic and post-Galenic, the Renaissance—and the eighteenth century medicine of theories and speculations ending with Edward Jenner (1749-1823) down to the modern period, the present discussions will be confined to the study of the growth of medicine since the Renaissance period. Medicine that was practised prior to the Renaissance period was more an art, than a science as we understand now by the latter term. We can, no doubt, pick out some jewels of real scientific lustre from the writings of Hippocrates (460 B. C.) and Galen (131-200 A. D.) but their followers could not develop the real scientific attitude of mind and the practice of medicine degenerated into a medley of some positive scientific facts and a multitude of fads and fancies, unwarranted assumptions, imperfect and biased observations, hasty generalisations, false conclusions and most absurd and often torturous therapeutic practices. Reason came to be overshadowed by strange traditional beliefs and superstitions; authority claimed a superior and often implicit allegiance from the medical profession. But a new spirit was awakened in the European mind during the Renaissance period—which goes by the name of the scientific spirit—which had its repercussions in every field of human knowledge. This period is rightly called the Age of Reason and medicine also came under its sway.

### **The development of the Scientific Spirit.**

During the Renaissance period, which starts from the date of the discovery of America by Columbus, persons of outstanding merit were

born in every part of Europe. Poets and philosophers, painters and musicians, mathematicians and scientists appeared in numbers and swept off age-long superstitions and dogmas from the minds of the people and pointed to an age of reasoning and rational approach to the problems of humanity. But the greatest liberator of human reason from the fetters of academic scholasticism appeared in the person of Lord Bacon of England. He through his inductive method of Logic and "Novum Organum," inaugurated the modern scientific era.

The scientific spirit means a certain attitude of mind with the following characteristics :—

(1) It is the spirit of 'Inquiry'.

All the established beliefs which we encounter belong to two categories :

- (a) the priceless results of generations of experience ;
- (b) heirloom rubbish.

Towards this whole body of belief the scientific attitude of mind is one of unprejudiced inquiry. It is not the spirit of iconoclasm, as some would believe, but an examination of the foundations of belief. The spirit which resents inquiry into any belief, however cherished, is the narrow spirit of dogmatism ; and is as far removed from the true scientific attitude as the shallow-minded rejection of all established beliefs. The childhood of humanity accumulated much which its manhood is compelled to reject or lay aside and the world needs a thorough check up of its stock of knowledge. Such a work cannot be done all at once or once for all, for it must be a gradual sloughing off as the spirit of inquiry becomes more generally diffused. It is not the spirit of intolerance but the evidence of a mind whose every avenue is open to the approach of truth from every direction. Like the tree it is rooted and founded on all the eternal truths that the past has revealed, but is stretching out its branches and ever-renewed foliage to the air and sunshine, and taking into its life the forces of the day. A dogmatic scientist is as detestable a creature as a rampant theologian.

(2) The scientific spirit demands a real connection between an effect and its claimed causes.

It is in the laboratory that one first really appreciates how many factors must be taken into account in considering any result and what an element of uncertainty and unknown factor introduces. Having

observed that certain factors may be used to produce certain results, we prescribe them as essential to the process, without taking into account the possibility that other subjects may produce similar results. There may be many lines of approach to a given result—and this is a hard lesson for mankind to learn.

The prevailing belief among the untrained is that any result may be explained by some single factor operating as a cause. They seem to have no conception of the fact that the cause of every result is made up of a combination of interacting factors, often in numbers and combinations that are absolutely bewildering to contemplate. This habit of considering only one factor, when, perhaps, scores are involved, indicates a very primitive and untrained condition of mind. In the youth of science it often threw its votaries into hostile camps, each proclaiming rival factors they had and many more besides. It is to such blindness that scientific training brings a little glimmer of light and when the world, one day, really opens its eyes, and it is well if it opens them gradually, the old things will have passed away.

(3) The scientific spirit keeps one close to facts.

One of the hardest things is to check the tendency of many to use one fact as a starting point for a flight of fancy that is prodigious. Such a tendency is corrected, of course, when the facts accumulate somewhat and flight in one direction is checked by a pull in some other direction ; but most of us have this tendency and the majority are so unhampered by facts that flight is free. This exercise is beautiful and invigorating if it is recognised to be what it really is, a flight of fancy ; but if it results in a system of belief, it is a deception. It too often happens, that great superstructures are reared on a fact which is claimed rather than demonstrated or experimentally verified.

The attitude of the mind represented by the scientific spirit must bring independence in observation and conclusion. some idea as to what an exact statement is and some conception of what constitutes proof. Science implies a mental attitude of *intellectual morality*, characterised by open-mindedness, freedom from prejudice and fairness.

### Methods of Science.

Man has everyday to solve the problem of manifold indefiniteness of his experience and to adjust his burdens. His burdens are many, too numerous for him to carry, but he knows that by adopting a system he can lighten the weight of his load. Whenever they feel too complicated and unwieldy, he knows it is because he has not been able to hit upon the system which would have set everything in place and distributed the weight evenly. This search for system is really a search for unity, for synthesis; it is his attempt to harmonise the heterogeneous complexities of outward materials by an inner adjustment. In the search he gradually becomes aware that the creation which confronts him is really triple—the three irreducible categories of existence—mental, vital and material. Facts relating to each plane of existence, are many; there are different grades of truth corresponding to different categories of existence. The animal intelligence knows facts; the human mind has the power to apprehend the truth—but which is relative at best. The half-lit mind, at first, confused one set of facts or one order of truth with another set of facts or another order of truth—"confusion of categories" as it is termed in philosophical parlance. As for example, man observed solar or lunar eclipses but tried to explain the phenomena with the myth of a bodiless demon swallowing the sun or the moon. Man observed phenomena of physical domain, but took recourse to a conception, which does not belong to that category, to explain it. With the dawn of scientific attitude of mind man came to realise that explanations of facts or events belonging to each category of existence, are in their own nature and that no external beings or existences are required to explain what is going on in the universe. To arrive at a scientific explanation and study of objects of one order of reality, man started first to collect facts. The apple falls from the tree, the rain descends to the earth—one can go on burdening one's memory with such facts and never would have come to an end. But once one gets hold of the law of gravitation one can dispense with the necessity of collecting facts "ad infinitum." One arrives at one general 'Law' which governs numberless facts. Scientific Law is thus the method, the manner in which mind grasps a series of phenomena

All our knowledge is based upon experience. What we call inferential knowledge, in which we go from the less to the more.

general or from the general to the particular, has experience as its basis. In what are called exact sciences people easily find the truth because it appeals to the particular experiences of every human being. The scientist does not tell anybody to believe in anything, but he has certain results which come from his own experiences and reasoning on them when he asks us to believe in his conclusions, he appeals to some universal experience of humanity. In every exact science there is a basis which is common to all humanity, so that we can, at once, see the truth or fallacy of conclusions drawn therefrom. Thus in acquiring scientific knowledge we make use of generalisations and generalisation is based on observation. We first observe facts, then generalise and then draw conclusions or principles therefrom.

The scientific method, which reaches very diverse degrees of development is marked by—

(1) a passion for facts—this includes a high standard of accuracy and a detachment from personal bias or wishes ;

(2) a cautious thoroughness in coming to a conclusion—this implies a persistent scepticism and self-elimination in judgement;

(3) a quality of clearness —this includes a dislike for obscurities, ambiguities and loose ends;

(4) a less readily definable sense of inter-relations of things, an insight which discerns that apparently isolated phenomena are integral parts of a system.

The general methods followed in the scientific study of any subject are the following :—

(1) In any scientific inquiry, the first step is to get at the facts and this requires precision, patience, impartiality, watchfulness against the illusions of the senses and mind and carefulness to keep inferences from mingling with observations.

The lasting benefit from Materialism (which is almost exploded now) is that "it has imparted to us the scientific method of knowledge, the method of inducing Nature and Being to reveal their own way of being and proceeding, not hastening to put upon them our own impositions of idea and imagination (Sri Aurobindo : Evolution.)"

(2) Accurate registration of all the available data—which guards us against hasty and imperfect generalisations.

(3) Arranging the data in workable form. The data may have to be expressed with other sets of facts with which they have to be compared. Of course, there is the danger here, of losing sight of something in the process of reduction, e.g. in reducing a physiological fact to a series of chemical and physical facts we may be losing sight of life'.

#### (4) Discovery of laws.

The laws of nature are man's descriptive formulæ of uniformities of sequence, which enable him to say "if this then that". These Laws are not all of the same rank, they differ in precision and comprehensiveness; the meaning of their terms often change with time. Those who assert that "scientific truth is the creation of human mind and not of outer Nature" are missing what is characteristic of man's scientific formulation of the "Order of Nature", that it must be verifiable by all normally constituted minds, that it must form a reliable basis for prediction, if not also for control.

These Laws are mere statements of factual relations between any two series of phenomena belonging to any plane of existence. Laws do not concern themselves with any metaphysical or causal implications. Justification of Laws is effected through the evidence based on strictly logical processes e.g. induction, deduction and verification. Laws are based solely on observation and experiment and not on any hypotheses which are framed or overthrown with the progress of knowledge. Law affords us the means of prevision e.g., the precise time and date of solar or lunar eclipses can be predicted with the help of the astronomical science.

Thus science means coherent and systematised knowledge as distinguished from unconnected or detached popular knowledge. It is built up on a basis of observation and experiment, and compacted by reflection on the data thus supplied. It is verifiable, communicable, impersonal, unemotional knowledge; but all the fields of science are not on the same level. The establishment of science depends on process of selection and detachment, what might be called isolating certain aspects of things. The aim of science is to work out descriptive formula—as short, as simple, as complete, and as consistent as can be desired. In science we explain an event not when we know 'why' it happened, but when we know 'how' it is like something else happening elsewhere—when, in fact, we can include it as a case described by some law already set forth.



### **Scope and limitations of Science.**

Science consists in the method and not in the thing ; any branch of learning can be taken up for scientific study and the scientific methods can be applied for the purpose. The introduction and application of scientific methods serve as a lever to unearth much of the truth underlying different branches of learning. Flushed with the initial successes the physical scientists ignored the limitations and relativity of scientific knowledge and committed the philosophical crime of "confusion of categories. So long as they persued knowledge for its own sake there was not much harm ; but as soon as they felt inclined to put their knowledge to practice and started to misapply conceptions relevant to one order of things for another order of things, they made confusions worse confounded. And nowhere it was so marked as in the field of medicine and for cogent reasons too as will appear from our later discussions. For proper appreciation of the difficulty we have got to go back to root-questionings of the epistemological problem.

### **Science and Scientific Truth.**

Science is held so much in respect by us because it is supposed to deal with 'truth' and truth is associated with reality in our mind. Though it is very difficult to define truth we may try to explain it. Truth is popularly taken to be a subjective cognition of that which exists. But really, truth must imply the whole and nothing short of the whole, whether the whole be actually and fully attainable by the human mind or not. To be true a conception must be adequate. Its adequacy for the special purpose in view may consist in its agreement with the results ascertained by measurement. It may, therefore, be stated generally that an idea is true when it is adequate and completely true when it is from every point of view adequate.

In enquiring into nature of truth we come to the fundamental nature of our process of reflection. When we reflect, we abstract i.e., we exclude from our attention all that does not concern our present purpose, and we generalise and construct in reflection only under the logical conception that are appropriate to our stand-point. Thus, when we study a human being, we may, for one set of purposes, treat him as a system of matter and energy ; for another

set, as living and for a third set, as a self-conscious and free personality. It is sheer folly to assume that because one of his views of him is, taken by itself, justifiable, the others are therefore false. The abstract views, obtained by the application of categories or particular orders must, in other words, be taken as representing, not separate entities but separate kinds of knowledge about reality. Such is the constitution of human mind that it can only aim at precision and exactitude of knowledge at the expense of wholeness or whole truth.

Thus it is evident, that—every branch of human knowledge can be turned to science provided suitable concepts are evolved and applied to the phenomena of that subject, and general principles formulated upon which the phenomena relative to that science can be shown to be founded. So any particular science deals with truth which is not absolute but relative to the purpose in hand. If the ultimate or whole truth be called "The Fact," science deals with fact-sections. This takes us to the problem of

### Different Grades of Truth and Reality.

If we analyse our experience of the universe, it discloses as already referred to that there is not a single creation, but a triple—material, vital and mental ; it may be regarded as a composite of three worlds, as it were, interpenetrating each other. It discloses a variety of the actual. For example, the living organism exists in ways, in which it may legitimately be so regarded as a system of matter and energy conforming to physical and chemical conditions. It exists so if abstraction from its other and dominant phases is made under the guidance of conceptions of a mechanistic order. Excessive concentration of attention in applying such conceptions gives rise to the abstract view called *materialism*. But materialism furnishes no account of facts of life or of consciousness which require different sets of conception, for their proper comprehension. The more abstract the conception, the more completely are eliminated those details that are for the purpose of the moment irrelevant. It is by this kind of conception with its consequential exclusions of other aspects, that exactness in reasoning and measurement is made possible for us who cannot do everything all at once. Thus we acquire systematised and precise knowledge about any particular department of experience—which is another name for science.

Science or scientific truth is relative. There are degrees of truth corresponding to degrees of reality and for each order of truth different conceptions are used, or talking in the language of mathematics different co-ordinates are used for fixing different orders of thinking. The implications will be more explicit on elucidation of the fundamental characters of truth in Science (physical), Literature, Music and Art, in Biology and in Medicine.

#### Truth in Physical science :

Physical Science (e.g. Physics, Chemistry, Astronomy etc.) is largely concerned with the mechanical standpoint from which truth is the measurable agreement of the conception framed with its object as something external to and independent of it. The adjustment of the terms in which its conceptions are to be expressed must accordingly depend largely on the balance and the measuring rod. Scientists exclusively concentrate on the matter to the exclusion of all other qualities possessed by it (e.g. colour, smell, taste, design, life, intelligence etc.) and eventually reach to two attributes, viz., those of mass and motion, which seemed to be common to all material objects. These two residual attributes were credited with fundamental reality and independent existence; and materialism implies the attitude of mind which presumes to explain everything by means of them. As these two qualities yield to mathematical interpretations they attempt to interpret the whole universe mathematically and parade this attempt as one of positive science which affords precision and exactitude of knowledge.

#### Truth in Literature, Music and Art :

Truth consists not in order of quantity but in order of quality (idea of value) that depends on other orders of thinking.

#### Truth in Biology :

Here truth belongs to another different order. The conceptions of evolution, heredity, and of growth appear to necessitate the recognition of ends in operation, as distinguished from external causes; ends, the operation of which is of such a character that the difficulties about action at a distance disappear, and that the ends themselves take external shape in the shape of phenomenon as a whole which has no existence outside its members and the material in which it expresses

and conserves itself, maintaining unbroken the identity of the organism through its course from birth to death, notwithstanding metabolism and constant change in material.

### Truth in Medicine :

Medicine, really belongs to a department of Biology. In medicine it is far from clear that the nature of stimulus imparted by a drug to the performance of function by the organism can be adequately expressed in terms of chemistry or physics. The character of the stimulus belongs to the domain of life (hence they are described as pharmaco-dynamic action of drugs) and distinctive differences in mode of operation are obvious.

Thus we see that truth is relative to different orders of conceptions formed for the same individual presenting different aspects. The totality of aspects would comprise the whole truth. But for practical purposes the mathematician, the physicist, the chemist, the biologist, the artist, the metaphysician all abstract from or in other words, ignore the phases of the real that do not concern their respective purposes, in order to get distinct and extended knowledge about the aspects of the things, that are important to them and to find out what their reality signifies. This is the way in which different sciences originate and develop.

In Medicine, the subject of study is Man himself—a complex being presenting different aspects in our experience. As each order of reality requires different sets of conceptions to express itself, there should be no question about the priority of one order over the other or one “order” being more real than the other. We have to decide here, what aspect should be the most relevant to our purposes as medical men. According to Hahnemann, the founder of the homœopathic system of treatment, the category of life is the most suitable and primary aspect for a physician, the other aspects or categories being taken as secondaries.

### Science and Philosophy.

Before the Renaissance period the Reason of European mind manifested itself through Philosophy but as the reason was not purely developed philosophy was solely speculative ; and it combined best fruits of intuitive reason with the errors of intellectual reason in the

form of many unwarranted assumptions, arbitrary conceptions, imperfect observations, hasty generalisations and fallacious conclusions. At first physical sciences were considered a part of Philosophy and known as Natural Philosophy. But in reality science, being systematized knowledge is the working of Reason in the widest sense and philosophy comes under it as will be evident from the following definition of science (according to Funk and Wangall's Dictionary) :

Science, in the widest sense,  
includes

(1) Science proper  
embracing

(a) exact knowledge of facts (empirical science)

(b) exact knowledge of laws, obtained by correlating facts  
(nomological science)

(c) exact knowledge of proximate causes

(rational science)

(2) Philosophy ;

The general principles, laws or causes that furnish the rational explanation of anything—the rationale by which facts of any region of knowledge are explained.

Science, as ordinarily understood, is an exact and systematic statement of knowledge concerning some subject or group of subjects, especially a system of ascertained facts and covering and attempting to give adequate expressions to a great natural group or division of knowledge, e.g., sciences of Astronomy, Botany, Chemistry Physics etc.

With the introduction of the Baconian method of research the physical sciences developed much more rapidly than the progress of European mind in Philosophy. And it could not be but otherwise. Science aims at precision and exactitude of knowledge ; whereas Philosophy aims at comprehensiveness and wholeness. "Science seems always to advance, while Philosophy seems always to lose ground." Yet this is only because philosophy accepts the hard and hazardous task of dealing with problems not yet open to the methods of science ; so soon as a field of enquiry yields knowledge susceptible of exact formulation it is called science. Thus every science begins as philosophy and ends as art ; it arises in hypothesis and flows into achievements. Philosophy is a hypothetical interpretation (as in metaphysics) ; it is the front trench in the siege for truth. "Science is the captured territory,"

writes Will Durant ; "and behind it are those secure regions in which knowledge and art build our imperfect but marvellous world. Philosophy seems to stand still, perplexed ; but only because she leaves the fruits of victory to her daughters, the sciences and herself passes on, divinely discontent, to the uncertain and unexplored." But there are limits to science and scientific methods. Science is analytically descriptive. Science wishes to restore whole into parts, the organisms into organs, obscure into known and aims to make logical and hence intelligible what is not ill-logical but a-logical. Science deals with fact-sections and narrows its gaze resolutely into the nature and process of things as they are. Philosophy watches over every steps science takes in the pursuit of knowledge and truth. Science deals with individual categories. Philosophy is the criticism of categories. Whatever assumptions science takes for granted to start its enquiries philosophy points out the relative character in the presumptions, claimed by science to be absolutely true. Science tends to be dogmatic and exclusive. Philosophy teaches us to accept science, provided it does not transgress its limitations, provided it does not claim to perform everything. Science describes, philosophy interpretes. Science without philosophy, facts without perspective and valuation, gives us knowledge about individual trees but make us miss the wood. Science deals in an one-sided view ; while philosophy deals in a synoptic view. Thus we find science and philosophy are not antagonistic ; they are rather complementary to one another. It is necessary that the vitality, scope and sphere of each science is to be tested on the touchstone of Philosophy. And it is just this mistake that different scientists, becoming over-specialised, make. The explanation of physical events in terms of matter and motion seemed so satisfactory to the seventeenth and eighteenth century scientists that the majority of them believed that it could be extended to all other phenomena and that life, consciousness and thought would eventually be interpreted satisfactorily along physico-chemical lines. Thus at each stage of their progress upwards from inert matter to man, the scientists have attempted to explain the higher in terms of the lower, chemistry in terms of the movement of atoms, life in terms of chemistry, thought in terms of life and consciousness in terms of thought. And by looking at things turned upside down the scientists make fatal mistakes in theory. All scientific interpretations entail a large measure of abstraction and of arbitrary delimitation, which mean nothing else than omission of the part of the truth.

### Science, Philosophy and Medicine in the 17th Century.

Such being the nature, scope, limitation and inter-relation of science and philosophy we will now discuss how the medical men of Europe used them, consciously or unconsciously in their special province of medicine.

Ever since the days of Aristotle mankind has been in quest of the 'substance' of which the universe is made. Following Aristotelian era man's knowledge of the Universe grew in depth and width but held a synoptic view wherein Philosophy and Science did not come to parting of ways. Towards the latter part of the *Sixteenth Century* Gallileo distinguished the primary qualities of things, viz., dimension and weight, which are easily measurable from secondary qualities e.g. form, odour, colour etc., which cannot be measured. The qualitative was separated from the quantitative. By the *Seventeenth Century* the doctrine of the fundamental substance of the universe was embodied in the materialistic theory of the universe according to which the universe was composed of featureless matter-stuff as its fundamental component, and of secondary qualities, which were of minor importance. Matter was something tangible; something that had mass-weight. The quantitative matter expressed in mathematical language brought science to humanity. The qualitative came to be neglected. Science came to be dominated by a passion for intellectual clarity and mathematical exactitude. Hence those subjects which did not lend themselves to mathematical precision were not cultivated with the same zeal which was displayed for material scientific subjects, e.g., Physics, Chemistry, Astronomy etc. On the other hand inexact sciences like Biology, Medicine, Psychology etc., were sought to be based on the concepts of exact sciences and this led to "confusion of categories" on the theoretical side and much bunglings and failures in curing patients in the practical field of Medicine, which is more predominantly an Art, though trying to practise it on scientific lines.

With the advance of the 17th century Science took over from the materialistic philosophy the notion of matter as the basic component of nature. Physics elaborated in detail describing its structural and dynamic properties, while Chemistry reduced it to chemical compounds and units. When Biology in the 17th century began to branch off

from philosophy, like other sciences it took over from philosophy the notion of matter as the principal basic element of the universe ; and for biology the matter took the form of body, which could be studied from the point of view of both its physical and its chemical properties. Anatomy and Physiology fulfilled roles similar to that of Physics while chemistry concerned itself with the body's chemical composition. At first all these departments of Biology were necessarily descriptive.

Lord Bacon (1571-1626 A. D.) of England and Rene Descartes (1596-1650 A. D.) of France appeared as two beacon-lights which guided the scientists and philosophers of the 17th century. Bacon was the father of the objective and realistic tradition in modern philosophy ; and he indicated the method of enquiry. Descartes was the father of the subjective and idealistic tradition in modern philosophy ; and he supplied the philosophy to the intelligentsia of the century. Though Bacon is not credited with any remarkable discovery in any branch of learning he indicated the method of achieving real success in any sphere of human activity and discussed the obstacles which stand in the way of man's realising the truth and nothing but truth. If the scientist and philosophers could but closely follow the footsteps of Bacon the history of the world would have been otherwise. Bacon was concerned more with the advancement in learning in general than with any specific department of human knowledge. Bacon taught men to take reasons directly from the pages of Nature. He emphasised that "Truth is the daughter of time, not of authority". According to him "man does nothing more, in *Art*, than bring things nearer to another, or put them further apart. The rest is performed by Nature, and on most occasional occasions, by means of which we are quite ignorant. As for example, a surgeon brings the two parts of torn tissues as close as possible by ligature but the healing is effected by the vital force inherent in the living body. Thus, it is evident that art only gives certain powers of nature a particular direction. Medicine is the art by which such a particular direction is given to certain powers of nature as to enable them to check disease, alleviate pain or prolong life. All medicine, all medical appliances, whether diet, drugs, exercise, bathing, —in short, everything being curative, must resolve itself to giving the powers of nature a particular direction. Whenever Bacon comes across



medicine in any part of his works he points out, as the great defect, the want of certain, authentic, positive, specific medicines for the cure of well-ascertained diseases. Though Bacon realised the difficulty of holding crucial experiments—one of the most potent of all the weapons of the inductive philosophy, we find that wherever remarkable discoveries in Medicine have been made, it is by following Bacon's inductive methods, his "Novum Organum" or new organ of or instrument for the reconstruction and advancement of science. And it is not without significance that Hahnemann christened his book on medical philosophy as "Organon of Medicine", a new instrument for the discovery of the method of specific cures.

On the other hand Rene Descartes (1596-1650 A.D.) being a philosopher and a mathematician suggested that philosophy could not be exact until it expressed itself in the form of mathematics ; but the irony of history is that he had never successfully grappled with his own ideal. Descartes seemed to have been profoundly influenced by Galileo who was the first to introduce mathematics into science. Descartes was the first to establish a complete scission between spirit or mind and matter ; and he gave an entirely mechanical turn to science which attempts to explain the universe we live in. He brought in God only to reconcile these two apparently irreconcilable entities. Though a scientist cum philosopher and mathematician he ignored the true scientific attitude of mind when he seemed to yield completely to flights of fancy which he proudly styled as 'philosophical romances'. He supported Harvey, the discoverer of general circulation of blood but added to his discovery his own speculations thus : "As the blood proceeds in its course, it becomes more and more divided by this spiritual agency and at the summit of its career in the brain, the spirit has at length effected its final divorce from the bodily element, and is at liberty—we may presume—to enter into the court of the soul itself which Descartes enthroned in the pineal gland, for the fanciful reason that this was the only part of the brain which was not double". We may laugh at this dissertation now, but the whole of Europe listened then with awe and admiration to this Oracle of France.

A new epoch was ushered in another field of human knowledge viz., chemistry by Robert Boyle (born 1626 A.D.). Francis de la Boc Sylvius introduced into medicines, for the first time, his chemical theories. And history repeated itself when Galen was still an authority

with the orthodox section of men. We find that in 1615 The Royal College of Physicians of Paris unanimously passed a decree whereby "Chemical medicines were condemned and interdicted from all pharmacopœas, and all judges were implored to inflict severe chastisement on all who prescribed, administered and exhibited those poisonous medicines". But no Royal decree has ever been successful to stem the tide of Time Spirit. With the growth of knowledge in physics and chemistry there appeared two schools of physicians. One school styled as "iatro-physical or iatro-mechanical school" regarded the body as a machine and sought to explain all its workings, whether in health or disease, as physical or mechanical in nature. Another school under the name of 'iatro-chemical school' preferred to view life as a series of chemical actions and reactions, assuming that the body was a sort of test-tube. Both the schools had their exponents and representative leaders. These people like Sanctorius (1561-1636 A.D.), Borelli (1608-79) Baglivi (1668-1706) of the iatro-physical school; and Van Helmont (1577-1644) F. Sylvina (1614-1672) of the other school were brilliant investigators and valuable contributors to discovery in sciences satellite to Medicine but failed to keep their scientific attitude unsullied in the domain of therapeutics. To take an instance, Bellini (1643-1904 A.D.) attempted to explain the phenomena of fever with reference to the law of hydraulics! So the Art of healing languished and grovelled in the quagmire of fanciful theories and practices no better than what was extant during the time of Hippocrates down to Galen & Paracelsus; while the auxiliary sciences viz., anatomy, physiology etc. flourished with ever-increasing rapidity of growth. It is a curious fact of history that the true rationale of the art of healing was indicated by two non-medical men e.g. Bacon, the philosopher and Boyle the chemist.

The Baconian observation on medicine is worth repeating for a thousand times and worth being quoted in extenso: Of all substances which nature hath produced, man's body is the most extremely compounded.....This variable composition of man's body has made it an instrument easy to distemper.....So that the subject being so variable, hath made the art by a consequence more conjectural and the art being conjectural, hath made so much the more place to be left for imposture. For almost all other arts and sciences are judged by acts or masterpieces, as I may term them, and not successses and events. The

lawyer is judged by the virtue of his pleadings and not by the issue of the cause. But the physician hath no particular arts demonstrative of his ability, but is judged most by the event. This is the reason why the physician, seeing that it befalleth to him, even as to the fool, in his own profession, and modest merit out-stripped by impudent presumption, is apt to give himself up to pursuits besides those of a purely professional character. Though natural, this is not commendable : for nothing can be more variable than faces, and yet memory can retain them and distinguish them ; nothing more variable than voices yet men can discern them ; nothing more variable than the sound of words, yet they have been reduced to a few simple letters ; so that it is not owing to the incapacity of mind of man, but because he has not closely observed the varieties of diseases and adapted his remedies accordingly. To examine minutely the various forms of disease, and to adapt to each its own particular remedy is the general instruction given by Bacon for advancing medicine. Thus he complained of lack of observation, failure to discover laws of inter-relation between diseases and the drugs which are curative thereof and lack of pursuit of the inductive method of inquiry in the field of therapeutics. But Bacon was more than a century and a quarter ahead of his time and he had to wait till 1755 for the birth of a man who would claim direct apostolic affiliation to him in the living Church of Medicine.

Similarly Boyle, inspired by Bacon, gave a clarion call to physicians of all times to follow the right method to be pursued for the liberation of the Art of Healing from the yoke of prejudice and blind authority, and for promoting its growth to the full stature of its normal development ; and wrote feelingly as to what must be given up and what must be worked out by them. "Physicians are desired to give up the greater pleasure in ascertaining the *certainities* of diseases, their genesis, propagation, mutual affinities, natural termination, and morbid alterations of the body, and take to methods of inquiry to obtain the greatest possible command over the *uncertainties* on which the restoration of the sick and the relief of suffering depend. Physicians are desired to give up blending of many medicines in one prescription ; they are desired to give up searching for imaginary causes of disease—such as acidity of the blood—and treating these suppositious causes with equally suppositious antidotes, after the fashion of the chemists and the School of Sylvius ; they are desired to give up a blind and infatuated respect for Galen, such as was professed by the College of

France and the fashionable Guy Patin. They must neither be disciples of Galen bleeding because he bled, and giving purgatives because he says, the humours must be cleansed; nor must they be disciple of Nature, as Hippocrates was, merely imitating the natural crises and evacuations of the morbid actions of the body. They must do something quite different: they must search out substances which exercise a directly curative power—a power of neutralising the causes of disease without producing any disturbing effect on the body. Having found these medicines, which are known by the name of specifics they must give one and one only, at a time, and carefully observe its action; they must however, give it in a small dose for its action must be preternaturally energetic upon a part preternaturally sensitive." The Voice of Hahnemann antedated itself! Boyle had to wait for a century till a physician of his liking would appear and apply the Baconian inductive methods in the field of medicine. The medicos contemporary to Boyle turned a deaf ear to the oracle of Ireland.

The practice of medicine swayed to and fro with the rise of chemical and physical schools of physicians who revelled in loose experimentations and if possible, looser reasonings. Man was taken either as a machine or a laboratory test-tube. The whole living man was entirely ignored and the art of healing the sick remained impervious to the searching lights of science which, was none-the-less rapidly diffusing its light in other spheres of human knowledge.

The latter half of the 17th century marked the advent of Dr. Thomas Sydenham (1605-89 A.D.) in the field of medicine, who was rightly styled as the English Hippocrates. He tried to place the whole living man in front of a physician trying to cure the sick. He went back to the Hippocratic method of recording the sick phenomena. Though he followed the Hippocratic methods in therapeutics, he seemed to do so under protest. He tried to impress upon the medical profession the necessity of discovering specifics for disease-conditions—a fact which was openly hinted by Boyle, the chemist. He put two alternatives before the profession—either to follow Hippocrates to observe and follow Nature, imitate her methods of cure, assist her to open gates or to attack the malady directly with specifics, a term ridiculed by the physician belonging to the Dogmatic or so-called rationalist group. The latter group disbelieved in the existence and efficacy of 'specifics' as the *modus operandi* of those groups of drugs

could not be explained by any the-then known laws of physics, chemistry, physiology or any other science or any preconceived theories about the causation and nature of diseases. Sydenham maintained that as different diseases have relative affinities for particular parts of the body and which cannot be explained so different remedies have particular affinities for particular parts, tissues or organs of the body for some mysterious reasons. He foresaw that the art of healing would attain its full maturity when such specifics for all the prevalent disease conditions would be discovered. But himself he could not live up to his ideals for want of such specifics and followed Hippocrates in his energetic use of the lancet and the purgatives and followed Gal'en in his love of compound medicines. But he held that the true mode of cure was the direct one by specifics, and that all the indirect ones by revulsions or soporifics, were precarious, mischievous, uncertain or at best palliative. Thus he stands midway between Hippocrates and Hahnemann. But the time was not yet ripe for the advent of a physician who would practise the art of medicine on a scientific basis and who would combine within himself the intuition of a philosopher, the rigorous mental discipline of a scientist, unbounded love for the suffering humanity and profound devotion to the supreme deity. So the 17th century which is rightly styled as "the century of genius" and produced Newton, rolled into the womb of eternity with very little scientific progress in the domain of medicine,

### **The Eighteenth Century Medicine**

Sydenham, the master Clinician, was soon eclipsed by the emergence of innumerable theorists and speculators in the field of medicine. Practically the whole of the 18th century in Europe was marked by a plethora of theories and hypotheses concerning the nature of disease, the causation of disease and consequently methods of therapeutic practice were as numerous and diverse as the theories propounded. Though Royal Touch was fast losing its therapeutic efficacy and witchcraft and astrology were slowly but surely dying out and giving way to more humane and rational explanations as to theory and causation of diseases, blind respect for traditional authority, the weaving of fantastic one-sided theories, 'shot-gun' prescriptions and loathesome mixtures, blood-letting, cupping and other

crude and torturesome therapeutic practices were freely indulged in and advocated most vociferously by the leaders of the medical profession of that time. There was absolute chaos, no general principles, no law guiding therapeutics, no planned method for investigation of action of drugs on the healthy or the diseased—though great advances in sciences allied to medicine (e.g., Anatomy, Physiology, Pathology, etc.) were effected by a host of brilliant investigators like Vesalius, Varolli Rolando, Gidi Vidus, Botallis Eustachius, Fallopius, Corti. Malphigius Scarpa, Steno, Riffini, Fontana, Morgagni, Valsalva, Giacomini, Pacini, Pacchionius, Golgi, etc. But the practitioners of the art of healing were in a mess as each of representative physicians failed to adhere strictly to the Baconian methods of enquiry and yielded to the confused philosophical doctrines of their times. With the dawning of the scientific attitude of mind the investigators of particular branches of science played their part well but owing to lack of philosophic wisdom failed to keep the different categories of existence apart from each other and misused the concepts suitable for one category for the other and missed the conception of an indivisible concrete whole which Man evidently is. Each specialist wanted to explain the universe and man from his own point of view and conveniently forgot that his account is, at best, one-sided. He had no right to dispute another's point of view from a different angle. The ordinary canons of logic were not followed by medical men of that period. Each was fighting for his own side of the shield and not a single medico was rational enough to look to the two sides of it. The main schools of thought under which the then physicians grouped themselves were mechanism, materialism, vitalism and naturalism. Mechanism is the doctrine that all events and all thoughts occur according to the laws of mechanics; materialism is the doctrine that matter is the only reality; vitalism is the doctrine that life is the basic reality, of which everything else is a form or manifestation; and naturalism is the doctrine that all reality comes under the "laws of nature". The practice of medicine swayed to and fro with the current of whatever doctrine remained dominant for the time being. The quarrel between vitalism and materialism is very very old. Any new fact discovered by any scientist of any branch of knowledge used to be immediately caught hold of by votaries of one or other schools of medical thought and sought to be adapted and utilised for their respective benefits and upholding of their own pet theory, however absurd, fantastical and harmful they might be from our

modern stand-point. As Man is a composite, indivisible and concrete whole—who is the subject for study in medicine—each of the petty theorists foundered in the profundity and mystery of existential entity which goes by the name of "Man who remains ever unknown" to us. And the practice of medicine persists as a farrago of arrant nonsense, occasionally illumined by uncertain sparks of intuition gathered from experience accidentally or unconsciously arrived at.

Student of modern medicine will stand flabbergasted before the motley methods of cure and systems of medicine that were extant in Europe during the eighteenth century—a list of which has been very ably summarised by Hahnemann in his essay "On the present want of foreign medicines" (1808) thus :

"The method of treating most diseases by scouring out the stomach and bowels ;—the method of treatment which aims its medicinal darts at imaginary acridities and impurities in the blood and other humours, at cancerous, rachitic, scrofulous, gouty, herpetic and scorbutic acridities ;—the method of treatment that presupposes in most diseases a species of fundamental morbid action, such as dentition, or derangement of the biliary system, or hæmorrhoids or infarctus, or obstruction in the mesenteric glands, or worms and directs the treatment against these ;—the method which imagines it has always to do with debility, and conceives it is bound to stimulate and re-stimulate (which they call strengthen) ;—the method which regards the diseased body as a mere chemically decomposed mass which must be restored to the proper chemical condition by chemical (nitrogenous, oxygenous, hydrogenous) re-agents ;—another method that supposes diseases to have no other original cause but mucosities—another that sees only inspissation of the juices—another that sees nought but acids—and yet another that thinks it has only to combat putridity ;—the method that imagines it must act specially and can act absolutely on the skin, brain, the liver, the kidneys, or some other single organ ;—the method that conceives it must search for and treat only spasm or paralysis in diseases, only a derangement of the antiquated "*functiones naturalis, vitales, animales*," or the revival of this doctrine, the derangement of the irritability, the sensibility or the reproductive faculty ;—the method that proposes to direct its attention to the supposed remote exciting causes of disease ;—the method that prescribes medicines indiscriminately in diseases, in order to be able to discard those that do harm and retain

those that seem to be of use ;—the method that, according to the mere names that the disease before them seems to have in books, goes to work prescriptions got out of the self-same books ;—the method that merely attends to particular symptoms in diseases in order to suppress these by some palliative antidote (*contraria*),—and that method that boasts of being able to subdue the disease by assisting and promoting the efforts of nature and the natural crisis ;—all those modes of treatment, many directly opposite to one another, have each their authorities and illustrious supporters ; but nowhere do we find, a universally applicable, efficacious standard of treatment accredited in all ages."

On the other hand "at one time, men created for themselves an imaginary incorporeal something, which guided and ruled the whole system in its vicissitudes of health and disease (Van Helmonts Archæus, Stahl's Animal soul) ; at another, they flattered themselves they had discovered the secret of physical constitutions and temperaments, as well as of the origin of particular diseases and epidemics, in the constellations of the stars, in an influence emanating from the heavenly bodies, many millions of miles distant ;—or according to the modern wide-spread notion, (based on ancient absurdities) the human body, in agreement with the old mystic number three, developed itself in triplicity, presented a miniature of the universe (microcosm, macrocosm), and thus, by means of our knowledge of the *great whole*, miserably defective as it is, was to be explained to a hair's-breadth. That which had baffled clear chemistry and physics, dim, self-unintelligible, mysticism and frenzied fancy were to bring to light : old astrology was to explain what puzzled modern natural philosophy." (Hahnemann : on the Values of the Speculative Systems of Medicine).

The above extracts are quoted from Hahnemann's writings to show what tremendous confusions and conflicts of thoughts and ideas occupied the European mind. Those who professed to be philosophers *i.e.* interpreters of the universe we live in, fared no better. Scientific attitude of mind was not their strong point. All this philosophy took much from a few things or little from a great many. All their observations were vitiated by preconceived notions and inferences and "a priori" conclusions. Descartes impressed his ideas on the European mind to an unbelievable degree. The Cartesian notion of irreconcilable duality between soul, spirit or mind, on the one hand, and the



matter on the other vitiated the fundamental outlooks of the intelligentsia of the great continent. Imperfect observations led to one-sided views of men and matter. The intelligentsia, inspired by the Baconian spirit and brooding under the shadow of Cartesian philosophy, developed any number of systems, having nothing in common but the morbid propensity, by inward self-contemplation not only to give an exact "a priori" account of the nature and universal constitution of things, but moreover to look on themselves as the authors of the whole, and according to their own fashion, to construct it for and out of themselves. Every hint they deemed themselves to have gathered in life in the abstract, and the essential nature of man was—like their whole conception—so unintelligible, so hollow and unmeaning, that no clear sense could be drawn from it.

A student of modern medicine might object to our dilating so much on the absurdities and irrationalities of the past and would like to point out to us that the past, however grotesque, paved the way for the future; and that the eighteenth century European mind might have clung to those untenable thoughts, ideas, systems and practices but it, nonetheless, showed the progressive i.e. scientific trend in attitude by losing no time to reject those rubbish whenever facts demanded such; and that evolution is the law of life and universe. It is true, to a certain extent, but if we do not delve deeper in the problem, and analyse the root-questionings the possibility of making similar mistakes, of diverting our mind in the wrong channels of research, and of erecting one-sided systems of thought and fruitless (and often harmful) therapeutic practices will always linger; and humanity will have to pay heavy price for attaining truth and initiating rightful practices. And signs are not wanting, even in our present days, for history to repeat itself. "There is no real gain in it if we only repeat the old error in new terms."

From the earliest times of which history has any record medical men seemed to group themselves into three classes. Their classification was determined by some distinctive mental trends which are common to all ages. We find them represented throughout the entire history of the art down to our present day. They used to go by the name of the Dogmatists or Rationalists, the Empirics and the Methodists.

The fundamental principle of the *Dogmatists* was that we cannot cure a disease unless we know its cause. In words of Celsus, the

Roman physician "they held it impossible that any one should know how to cure diseases if he is ignorant of the causes whence they proceed." Dogmatists in their attempt to ascertain a cause theorised on the nature of changes brought about in the body in diseased conditions and theorised as well about the nature of action of drugs on the human body. Such a mentality, naturally, led them to become more a subjective, "a priori" theorist and less an unprejudiced observer of factual realities. This mental propensity to find cause or causes for diseases—on the assumption that effect must have a cause or a totality of causes,—is inherent in man and is always to be commended and sought to be developed as far as possible. But error creeps in when one causal factor out of an indefinite number of them or an imaginary causal factor which does not warrant assumption, are taken into account as '*the cause*' and attempts are made to remove or antidote it with the idea that removal of cause or causes will lead to elimination of the effects which go by the name of diseases. Nobody thought whether it is possible to acquire knowledge of the totality of causes for production of diseases; or whether the notion of causality as applied to physical phenomena is at all applicable to the biological phenomena of which disease phenomena form a part; or even if the totality of causes can be known by whatever method, whether their removal is possible or their removal is the condition precedent for the cure of diseases. Without caring to settle these problems first, all the medical men before Hippocrates down to Hahnemann's times were busy in finding causes of diseases however absurd, fantastic and fictional or one-sided they might be and took recourse to flights of fancy to fill up the gaps which reason failed to do. None of them were trained in the Baconian inductive methods of enquiry and all of them, without a single exception, made confusion worse confounded—though each succeeding man lost no pains to criticise and expose the fallacies in the reasoning and conclusions of his predecessor. As has been discussed before they tried to invest everything from the stars above to the things underneath the ground with the causal power to produce diseases. With the development of the sciences of Anatomy, Physiology and Pathology they only shifted the causes from the outside world to within the structures and functions of the human body. The materialistic philosophy further blinded them against the whole truth; and they devoted all their attention to the body which was considered to be the basic reality. To the imaginary exogenous

causes were now added fanciful endogenous causes and the art of medicine whose sole object should be to cure patients consisted in a series of cults and hypothesis, neither justified by reason nor by experience. Similarly any number of theories were spun out to explain the "modus operandi" of drugs which again proved to be another potent source of errors. Thus the whole attempt of the dogmatists in the field of medicine is based on three fold errors *viz.* the error of diagnosis, the error of pharmacology and the last but not the least, the error of observation. In proportion as errors from the diagnostic, prognostic and the clinical fields of medicine are being gradually eliminated those relevant branches of medical sciences are becoming more and more systematised; but the art of healing would never be worth the name and ever remain a mere guess-work till the scientific methods of investigation are applied to the field of therapeutics. Now, who will deny that the dogmatists or the rationalists of the olden times do not exist under the guise of physiologists and pathologists who now pose as scientific men of modern medicine, aspiring to cure diseases scientifically?

The second group of medical men falls under the name of the *Empirics*. The term is now used as one of reproach. But, originally it meant what we should now call the school of experiment and experience. Empirical knowledge is based on what takes its data from the reports of the senses and does not allow the reason to play over it. An empiric does not apply his eye of mind to what he observes with his sense organs; so that he accumulates facts without systematising his experience. Theirs is a sort of instinctive or blind experience. They go on multiplying experiences at random without following a method or without making before a plan of investigation. This has led to a statistical method of evaluating the curative value of drugs. Thus chance and accidental experiment have always been the source of discovery of curative medicines for various disease conditions. But this can never be a scientific method as the second item of the method *viz.* generalisation and induction and deduction missing; the other two *viz.* observation and experiment are not fruitful if general laws operating under the phenomena concerned are not discovered. The routine experimenter or so-called experimenter experiments as though experiments were ends in themselves. Is this not the reason for the sterility of most private and public experimental stations under the ægis of the scientific modern medicine? The experimenter experiments, but does not know why

he experiments. The moral justification may be that he experiments because he is paid to experiment ; but where is the scientific justification ? Sometimes the very mass of such fruitless experiments bewilders an experimenter and he finds himself lost in the maze of his own observations. A really scientific man must be an accurate observer but he must be something more than a mere empiricist. Who would deny that a huge sum of money and human energy are not being wasted under the plea of scientific researches ? This is because of the persistence of the empiric trend in the mind of modern heroes of medicine.

Between the Empirics on the one side and the Dogmatists on the other, appeared another sect who asserted that the knowledge of no cause whatever bears the least relation to the method of cure ; and that it is sufficient to observe some general symptoms of diseases. According to them the observation of those symptoms constituted the art of medicine which they defined as a certain way of proceeding or method. Hence they were styled as Methodists or Routinists. They differed from the Empirics in holding experiments to be of comparatively little value, and from the Rationalists, in disallowing conjectures about the hidden causes of disease. They were, in fact, first nosologists or classifiers of diseases. This group gave an impetus to build the text-books on Medicine and the eighteenth century marked the appearance of distinguished nosologists like Vogel (Gottingen 1772), David McBride (Dublin 1722), William Cullen (Edinburgh 1785), P. Pinel (Paris 1798), Thomas Young (1813) etc.—who might have been also inspired by the spirit of Dinneas, the botanist and Cuvier, the zoologist. But it must be borne in mind that method or routine is good provided the method is good and relevant to the purpose concerned. They overlooked the point that the true physician is one who cures ; observation which does not teach how to cure is not observation by a physician but rather by a naturalist. They forgot that disease is not an entity and does not yield to classifications similar to what is done in Botany or Zoology. . Disease is an altered condition of the state of health and a continuous dynamic progress. Further *the methodist group* later evolved into physiological and pathological school the followers of which asserted that there is no general law of cure, and energy need not be wasted in attempting to discover one. This school is of opinion that if the underlying physiological changes in the disease conditions are ascertained properly, it is possible to

arrest the disease process by administration of drugs whose pharmacological actions are supposed to antidote the symptoms of the disease concerned, *e. g.* in dropsy, purgatives are administered; in catarrhal exudations astringents are applied etc.

Thus we find that each of these three sects *e.g.* the Dogmatists, the Empirics and the Methodists—played their part in the development of the scientific side of Medicine. But the art of healing did not progress as they always confused the science of medicine with the art of medicine. Each of the representative heroes in medicine from Hippocrates down to Hahnemann was a mixture of a dogmatist, a methodist and an Empiric but nobody was either a good philosopher or a good scientist to keep the different grades of truth and existence distinct from each other and nobody did apply the Baconian methods of enquiry in the field of therapeutics which really comprises the art of medicine or the art of healing. An ideal physician should be something of a Rationalist, something of a methodist and something of an empiric and something more than the combination of all of them just as man is a self-conscious being and personality transcending his mental, vital and physical selves.

And there is a deeper psychological factor which accounts for this tardy progress in the art of medicine. The subject for study in medicine is Man—an extremely complex living creature. Disease is altered Life. From time immemorial medical persons are trying to explain life and its workings, either normal or abnormal, through reason. But reason is too analytical, too arbitrary; and it falsifies life by its distinctions and set classifications and fixed rules based upon them. "The whole difficulty of reason in trying to govern and understand our existence is that because of its own inherent limitations it is unable to deal with life in its complexity or in its integral movement; it compelled to break it up into parts, to make more or less artificial classifications, to build systems with limited data which are contradicted, upset or have to be continually modified by other data, to work out a selection of regulated potentialities which is broken down by the bursting of a new wave of yet unregulated potentialities." But man is insisting on the faith that his reason would one day overcome its own difficulties and that it would purify and enlarge itself, become sufficient for its work and at last subject rebellious life to its control. With the development of physical sciences and acquisition of increasing mastery over the forces of the physical nature

man fondly believes that science, the product of critical reason, will, one day, be able to lay down finally the true principle and the sufficient rule of process not only for all the activities of Nature but for all the activities of man. But life and existence is too large, profound, complex and mysterious thing to be entirely seized and governed by the powers of the intellect. Life escapes from the formulas and systems which our reason labours to impose on it. "*The Reason struggling with life becomes either an empiric or a doctrinaire.*" This is the cause why all human systems have failed in the end, for they have never been anything but a partial and confused application of reason to life. All the systems, which are nothing but mental abstractions, have pretended for a time that their ideas were the whole truth of life and tried so to apply them. This they could not be and life in the end has broken or determined them and passed on to its own large incalculable movement. In the field of medicine, man using its reason as an aid, under the impulse of a partial, a mixed and imperfect rationality towards action, thus striving to govern the complex totalities of life by partial truths, has built systems after systems, has stumbled on from experiment to experiment "always believing that it is about to grasp the crown, always finding that it has fulfilled as yet little or nothing of what it has to accomplish. The history of medicine reveals that often man tried to give up system-building and to observe man and his functions as they present themselves to him. From Hippocrates down to Hahnemann's time we notice this attempt occasionally made by Galen, Paracelsus and Sydenham who put man in the center of their study and improved the clinical art of observation. But always they fell a victim to the tyrannising power of their arbitrary intellect and confused pure observations with theories, factual experience with pre-conceived imperfect and fallacious inferences, hasty generalisations and unwarranted assumptions and upheld the partial truths as the whole truth. Moreover in the scientific side of medicine they could apply their faculty of pure observation to some extent but in the art of medicine which concerns with that of healing their observations got terribly vitiated with theories and assumptions with the result that a clear-headed observer like Hippocrates and Sydenham also fell into absurdities and followed nothing but tradition and fanciful conjectures when they got themselves busy with actual treatment of sick persons. Thus crystal-clear observations which hold good for all time (e.g. Hippocratic descriptions

of many types of diseased conditions) exist side by side with grotesque therapeutic practices. Medical men swayed from being a doctrinist or a system-builder to an empirical observer in their long adventure to achieve conquest over death, disease and incapacities to which human flesh is heir to. The history of medicine is a brilliant panorama of human errors but "all errors of the human reason are false representations, a wrong building, effective misconstructions of the truth or of a side or a part of the truth." Man has always fought each other like two soldiers fighting against themselves after looking at only one side of the shield.

### **The difficulties in the study of the Science of Man.**

The degree of scientificity of Biology is at a lower level to that of physical sciences. It still remains in the descriptive state.

Medicine is a department of Biology as its subject-matter is Man himself. Man is an indivisible whole of extreme complexity. We fail to secure a complete representation of him. There is no method capable of apprehending him simultaneously in his entirety, his parts and his relations with the outer world. In order to analyse ourselves we are obliged to seek the help of various techniques and, therefore, to utilise various sciences. Naturally, all sciences arrive at a different conception of their common object. They abstract only from man what is attainable by their special methods. And those abstractions, after they have been added together, are still less rich than the concrete. They leave behind them a residue too important to be neglected. Man, as known to the specialists, is far from being the concrete man, the real man. He is nothing but a schema, consisting of other schemata built up by the techniques of each science. We do not apprehend man as whole. We 'know' him as composed of distinct parts. And even these parts are created by our methods. Our idea of man varies according to our beliefs and our feelings. A materialist, or a spiritualist or a physiologist, either of the mechanistic or the vitalistic school—do not consider the organism in the same light. Each one of us is made up of a procession of phantoms in the midst of which strides an unknown reality, the Man."

The errors of the 18th and the 19th centuries' medicine consist in the fact that they have endeavoured to reduce Man entirely to

physical chemistry. This unjustified generalisation of the results of sound experiments is one of over-specialisation. Concepts are indispensable but they should not be misused. They must be kept in their place in the hierarchy of sciences. "Biologists, when facing extremely complex problems have often yielded to the temptation to build up theories and afterwards to turn them into articles of faith and their sciences have crystallised in formulas as rigid as the dogmas of a religion."

Alexis Carrel in his immortal book "Man the unknown" has described in detail the difficulties in the study of the science of Man, which can be summarised as follows :—

1. The science of Man necessitates the use of all other sciences, *viz*, physics, chemistry, physiology, psychology etc.—as man cannot be separated into parts. Even an apparently simple vital phenomenon requires the concepts and methods of several particular sciences for its adequate explanation. Similar is the case with the simplest experiment regarding a biological phenomena. This is one of the chief reasons for its slow progress and its difficulty.

2. Because of the vastness of human knowledge specialisation is imperative—but it has its limitations. But limitations can be overcome to a great extent by developing simultaneously a synthetic outlook. The science of Man must progress, by a double effort of analysis and synthesis, towards a conception of the human individual at once sufficiently complex and sufficiently simple to serve as a basis of our action. Without specialists science could not progress. But the scattered data of their analysis must be integrated in an intelligible synthesis before the results of their researches are applied to Man.

Such a synthesis cannot be obtained by a simple round-table conference of specialists. It requires the efforts of one man, not merely those of a group. An work of art has never been produced by a committee of artists or a great discovery made by a committee of scholars. The synthesis needed for the progress of our knowledge of Man should be elaborated in a single brain.

3. Human beings are not good subjects for scientific investigation. Each individual is unique. Generalisation, which is indispensable for any branch of science, is here impossible.



4. Isolation of relatively simple systems and determination of their exact conditions are possible in researches dealing with physics and chemistry—but such a limitation of subject in studies of human being is impossible.

5. The fact that the observer and his subject live at about the same rhythm adds one more point of uncertainty in experiments on man. As for example, inventors of new systems of diet, physical culture, hygiene, education, morals, social economy are always too early in publishing the success of their own inventions. The only way to ascertain the effect of a given factor on man is to follow a great number of individuals throughout their whole course of life till death. And even then the knowledge thus obtained will be greatly approximate.

6. Limitations of animal experimentation.

The lower animals have very remote analogies with the man. It is often dangerous and quite misleading to apply the conclusions of researches made on these animals to man. The mental changes accompanying an anatomical and physiological changes under the influence of food, mode of life, specific drugs cannot be proved on such lower types of animals.

7. It often happens that undue importance is given to some part at the expense of the others. Fragmentary aspects are considered as representing the whole. And these aspects are taken at random, following the fashion of the moment, which, in turn, give more importance to the individual or to the society, to physiological, chemical or physical aspects of man etc. Man appears before us with many different aspects. We arbitrarily choose among them the one that pleases us and appear to forget the others.

8. There is a tendency to suppress a part of reality from our inventory, *e. g.*

(a) We prefer to study systems that can be easily isolated and approached by simple methods.

(b) We generally neglect the more complex systems.

(c) Our mind has a partiality for precision and mathematical exactitude. We study and make progress in those subjects (*e.g.* physics, chemistry, astronomy etc.) which yield to mathematical laws, resulting in intellectual security.

(d) We have an almost irresistible tendency to select the subjects of our investigation for their technical facility and clearness rather than for their importance, *e. g.* modern physiologists principally concern themselves with physico-chemical phenomena occurring in living animals and pay less attention to physiological and functional processes. The same thing happens with the specialists.

(e) On account of technical difficulties certain matters are excluded from the field of scientific research and refused the right of making themselves known. As for example, we seem to ignore the discovery of laws of life and give preference to the minute study of physico-chemical phenomena which are nothing but secondary phenomena manifesting themselves in course of diseases.

9. Complete ignoring of important facts :

(a) Our mind has a natural tendency to reject the things that do not fit into the frame of the scientific or philosophical belief of our times.

(b) After all, scientists are only men. They are saturated with the prejudices of their environments and of their epoch. They willingly believe that facts that cannot be explained by current theories do not exist. *E. g.* Hippocrates, Paracelsus, Descarte, Sydenham all were brilliant investigators but each one of them could not help confusing facts with fancies of their time. *E. g.*

(c) During the period when physiology was identified with physical chemistry the study of mental functions were neglected.

(d) Even now materialistic ideas (*i. e.* the notion of matter being the basic reality) being foremost in the minds of scientists and medical men more importance is attached to structural (chemico-physical) changes in the body than the associated perceptible alteration in sensations and functions. Even at the present time scientists still look upon telepathy and other meta-psychical phenomena as illusions. So evident facts having unorthodox appearance are suppressed *viz.* the importance of circumstances modifying symptoms (as taken into account by the homœopathic practitioners while they take up a case).

10. The scientific method as applicable to the study of physical phenomena are not wholly relevant for the purpose of investigation of biological and psychological phenomena. There may be substances which are imperceptible to our senses but this fact does not signify their non-existence.

Due to these aforesaid difficulties the study of man, the subject-matter of Medicine could not progress much. Though the 17th and the 18th centuries were the period of development of various branches of particular sciences, the science of living beings and of man in particular was in rudimentary state. Life of man was not studied from a strictly scientific view.

### **A Resume of the Eighteenth Century Medical Philosophy.**

Though philosophy admitted the duality of substance *viz.* spirit and matter, the achievements of physical sciences created a general impression on the European mind that the matter is the fundamental substance of the universe and matter being the basic reality all that was qualitative came to be neglected. Those substances, which did lend themselves to mathematical precision were not cultivated with the same zeal which was displayed for physical scientific subjects. On the other hand inexact sciences like Biology, Medicine—which is but a department of Biology and Psychology—were sought to be based on the conception of exact sciences. The materialistic school of thought overlooked the basic human experience that the universe is not a single creation but a triple—material, vital and mental. Psychology, Biology and Matter—each forms a relevant subject for scientific study. But each subject implies a particular set of concepts for the adequate interpretation of the phenomena concerned. As for example, at the level of chemical and physical structures as found in man's tissues as well as in the external world, the concepts of space-time-continuance, mass, energy, force, etc., should be used. At the level of material aggregates larger than molecules (colloidal state of matter), the concepts of dispersion, absorption, flocculation, etc. should be used. At the level of the organism the physiological concepts of chromosomes, gene, heredity, adaptation, physiological time, reflex, instinct, etc., must be annexed to those already mentioned. These exist simultaneously with the physico-chemical concepts but cannot be reduced to them. At the highest level of organisation we have to take recourse to psychological concepts along with the physico-chemical and physiological concepts to interpret Man. But even all these concepts do not exhaust the Man, their subject. Each level of organisation is as much real as the other and forms a series in the hierarchy of knowledge and existence. As man

presents all these different orders of reality we have to decide what order is relevant to us as medical man. Overlooking of this fundamental consideration led to so much confusion in the field of medicine during this century. The medicos ignored the basic fact that they are to deal with health and disease—which are but different states or conditions of the organism. Health and disease refer to normal or altered sensations and functions of the living body producing a feeling of ease or suffering. Thus for a physician the category of life is the most relevant to his purpose. But instead of studying life from a scientific point of view they all took to metaphysical disquisition or dissertations and made confusions worse confounded. With the metaphysical speculation on life and its workings on the one hand and imposing of irrelevant concepts (belonging to other categories of existence) on life on the other—medicine lost its scientific basis and turned into a fertile soil for all sorts of speculation in thoughts, words and deeds.

When Biology and Zoology were attempted to be systematised by Linneus and Cuvier, the medical men, in their attempt to make their medicine look quite scientific and to bring medicine "on par" with other departments of science, were busy with preparing a formal classification of diseases in various ways as if they are individual objective entities. This erroneous conception of disease (which was so strongly advocated and preached by no less a person than Paracelsus) led to much confusion in the field of therapeutics.

When medicine finally decided to break away from the mystical philosophical notions in which it was steeped and to become a science, there were, however, no sciences other than materialistic ones, and no material other than the matter worth considering. Consequently medicine turned to those branches of Biology which were already in existence. Since medicine deals with health and disease the former branches of descriptive biology had to transform themselves into applied Anatomy, Physiology and Chemistry—i.e., applied to the needs of medicine. Medical thought accepted from Philosophy not only the notion of matter as the Supreme Reality, but also the conception of secondary qualities having little bearing on the essentials of the universe. Hence medical men were busy in studying the pathological changes occurring in various disease-conditions to find out the essential causes and nature of diseases and rather neglected the subjective symptoms (regarded as secondary qualities) associated thereto. In

their zeal to be scientists the medical men ceased to be clinicians and overlooked the art of observation. They considered the subjective symptoms (comprising alterations of sensations and functions) as worthy of study only in-as-much as they are useful for recognising the state of matter itself, concealed behind them.

Though in the middle of the 19th century Bacteriology began its sweeping career this did not clash with medicine's fundamental notion of matter, but merely added to the belief that this matter may be destroyed by other living matter resulting in material organic diseases.

Medicine could have followed the anatomical, the physiological or bacteriological line. In other words, it could have become either applied anatomy or applied physiology or applied bacteriology, but, instead, it choose to become a medley of all of them and by so doing completely lost its individuality. Medicine is swayed to and fro by the discoveries made in each of these departments of Biology and appears ever eager to yield to their influence. Medicine began its career as an anatomical science because at the moment when it decided to become a science, descriptive anatomy being already well developed and pathological anatomy already in existence, a safe materialistic foundation was ready for adoption. Medicine assimilated also the philosophical doctrine of determinism—*i.e.*, the belief that everything must have a cause. The definition and full implication of causality, since it is considered to be a philosophical problem, is avoided but this notion of cause is deeply woven into medical theory and partly also in medical practice and indeed of the very texture of medical knowledge—so that the present scheme of medicine can aptly be called "Causal medicine."

### **The advent of Hahnemann—the discovery of Homœopathy.**

Such was the state of affairs in the field of medicine during the eighteenth century in Europe. The men with a passion for truth and mathematical exactitude of knowledge helped to develop the science of medicine but neglected the art of medicine and left it under the mercy of tradition, speculation, authority and chance and accidental observations. The time was ripe for one who would point out the scope and subject-matter of medicine proper, who would apply the Baconian principles and methods of enquiry into the field of

therapeutics ; who would not only wage a single-handed raging and tearing campaign to expose the fallacies, inconsistencies and absurdities of the then medical theories and practices by a devastatingly destructive criticism but also would discover a new method or new organ or instruments for the first time in the history of medicine, for the reconstruction and advancement of therapeutic science and art ; who would make "Medicine" assume its true place in being an art—*the art of healing, having a life of its own, independent of the nourishment its associated sciences bring*—based on a strictly scientific method at each step it takes ; and who would change the medicine of speculation into "Medicine of Experience" and who, instead of waiting for chance or accidental discovery of remedies would take recourse to methodical experimentations for the discovery and selection of curative medicines ; and finally, who would combine in himself a master Scientist and a master Artist to make the medical science worth its name and the medical art quite worthy of its noble mission of curing the sick individuals.

Such a man was born at Meissen near Dresden (Germany) on the tenth day of April 1755—Christian Friedrich Samuel Hahnemann, the discoverer of the Homœopathic system of treatment. For the first time in history, medicine, in all its aspects, formed the subject of generalisation of a physician's mind of the highest order. The story of life and mission of Hahnemann is the story of science applied to Medicine. During his time there was so much of phantastic theories and so little of science that after two years of practice since his winning the Doctorate of Medicine, he is reported to have written to one of his friends "I have been putting drugs of which I know little into bodies of which I know less ; so I can but renounce the practice of medicine that I may no longer incur the risk of doing injury." In fact he gave up his practice and removed to Dresden to turn his attention to the study of chemistry, philosophy, pharmacy and medicine. But all the time his mind was busy with the solution of the following questions he put to himself *viz.* (1) how does it happen, that in the thirty-five centuries since *Æsculapius* lived, this so indispensable art of medicine has made so little progress? (2) what was the obstacle? (3) for what physicians have already done is not one-hundredth part of what they might and ought to have done? (From '*Æsculapius in the Balance*' by Hahnemann, published at Leipzig in 1805).

With reference to the first query he concluded that all the physicians down to his time did not take sufficient care to define the scope and subject-matter of Medicine. According to Hahnemann 'medicine is a science of experience ; its object is to eradicate diseases by means of remedies.' The knowledge of diseases, the knowledge of remedies and the knowledge of their employment constitute medicine. How this knowledge is to be acquired ? Here the physicians confused the issue till Bacon preached his *Novum Organum*. To acquire knowledge about any department of nature we have to 'seek nature in nature.' For this we have to cultivate the art of observation of natural phenomena without addition, without colouring, without speculation and without any pre-conceived or 'a-priori' conclusions imposed on them. Further observation is defined in the books on Logic as the regulated perception of facts and circumstances with a definite purpose in view ; and the term "observation" etymologically means "keeping something before the mind" (being derived from 'ob'-before, and 'servare'-to keep.). What a physician should always keep before his mind ?—The patient i.e. the sick individual. For what purpose ?—for the purpose of "restoring the sick to health ; to cure as it is termed." Now, the physician's subject-matter of study is Man himself. What is man ? Not a piece of matter, not a piece of machinery, not a chemical factory, neither a bundle of physical energies nor a complex of desires and sensations nor a modus of thought, feeling and action. He is all these by turn but something more ; he includes all these aspects but transcends them all ; he is the complex and mysterious entity comprising mechanism and organism, matter and consciousness, and supersensible integrated whole of mentalised living matter, unfolding a conscious personality from within, which can be individualised but never analysed, which can be perceived but never defined. He can be observed and experienced as a whole but can never be intelligibly grasped except in pieces or from different points of view severally and not collectively or simultaneously. Man is always sought to be analysed and then mentally synthesised, but this mental construction is at best a representative fiction, never a concrete factual whole. Health and disease are but different conditions of the man as a whole—which we can at best observe with our sense faculties without letting our reasoning faculty to play over them to find the hidden causes of surface phenomena and the hidden interrelations between one set of phenomena with the other. In our surface existence

mind, life, body and their respective phenomena have somehow got mixed up in such a way that our mortal reason is for ever incapable of solving the riddle. The physicians, who are also mortal beings, have taken upon themselves the onerous task of curing the sick though they are miserably ignorant of the constitution of man and of the essential secrets of nature *e.g.* mind, life and matter and their mysterious integration in the living human being. Urged by some inscrutable impulse man has nonetheless attempted this great experiment, called Medicine, which presents such a chequered career through different ages in different climes. This is because the physicians seldom followed the right path and method. The first requisite for a searcher after truth in nature is observations of nature before he draws any inference or conclusion thereof "Observation is the first instrument of mind, but observation itself is a complex process open at every step to the mistakes of the observing consciousness; misprision of the fact by the senses and the sense-mind, omission, wrong selection and putting together, unconscious additions made by a personal impression or personal reaction create a false or an imperfect composite picture; to these errors are added the errors of inference, judgment, interpretation of facts by the intelligence: when even the data are not sure or perfect, the conclusions built on them must also be insecure and imperfect." Hahnemann points out that all the physicians of whom history keeps any record were imperfect observers – (Man, the complex being adding further difficulties in observations) and were in the habit of mixing observations with unwarranted or "a-priori" theories. Hence the basis with which they started work in the field of medicine was wrong and it is no wonder the art of medicine did not progress as it should have done. The pure observation of disease was neglected; and everyone was eager to discover the hidden causes of diseases on the assumption that the knowledge of causes were indispensable for the art of healing. "Physicians no longer tried to see diseases as they were; what they saw did not satisfy them, but they wished by a-priori reasoning to find out an undiscoverable source of disease in regions of speculations which are not to be penetrated by terrestrial mortals. Our system-builders delighted in these metaphysical heights where it was so easy to win territory; for in the boundless region of speculation everyone becomes a ruler who can most effectually elevate himself beyond the domain of the senses. The superhuman aspect they derived from the erection of these stupendous castles in the air



concealed their poverty in the art of healing." (Hahnemann : *Æsculapius in the Balance*).

Hand in hand with observation we have to take recourse to another method in our inquiry into the secrets of nature—and that is experiment. Observation is regulated perception of events under conditions presented by Nature ; while experiment is the artificial reproduction of events, under conditions pre-arranged and selected by ourselves, and observation of them when thus produced. To use the language of Bacon "in experiment we interrogate nature." They are not different in kind. Each supplements the other in our study of the nature of phenomena, ascertainment of their causes and explanation of the conditions of their happenings. Thus observation and experiment are two methods which were never sufficiently applied to acquire knowledge of diseases knowledge of remedies and the knowledge of their employment ; and so the art and science of medicine lagged behind in the race of scientists' searching after truth in every sphere of human knowledge and activity. The knowledge of remedies and their method of administration in sick persons was the most deficient as observation and experiment were least applied in those fields. Occasionally we find a Hippocrates, a Celsus, a Sydenham working in the field of disease phenomena but never did we find an experimenter in pharmacology and therapeutics till a Hahnemann appeared on the scene.

Hahnemann also pointed out that the physicians were never clear about what to observe in a sick person. A healthy man lives and lives with comfort and ease and this state is abstracted from the whole man, as it were, and is termed health. Similarly a sick man lives but lives with suffering, pain and discomfort of some types ; and this state is also abstracted from the whole man and is termed disease. If disease-conditions were not accompanied with pain and suffering nobody would have thought of seeking a physician's help and a sect of physicians would not have originated in the human society. Now this condition of pain and 'dis-ease' is manifested through altered sensations and functions of the living human organism, which are perceptible to the sick-man himself and communicated to the physician. So the first duty of a physician is to observe precisely, comprehensively and as perfectly as possible all the alterations in sensations and functions (the deviations from the state

of health) of the sick individual, the totality of which constitute the disease for our practical purpose of treating the sick. He ransacked all the records, which are still extant and noticed that all the observed statements were imperfect and incorrect and hopelessly mixed up with preconceived theories, inferences and all sort of absurdities that human imaginations could evolve. And later when the physicians started to systematise their knowledge of all the diseases that human flesh is heir to, they fell into another error of generalising and naming and grouping the diseased conditions with the result that individualising and peculiar symptoms (which never yielded to groups or classes) were ignored. They forgot that their business is to deal with individual men falling sick and not with a class or name of diseases. Classification of diseases in the line of botanical and zoological science is not applicable here as a medical man is not concerned with a genus and species but with individuals who are always unique and therefore unclassifiable. As every individual man is unique so in his diseased state that uniqueness persists. The offending cause may be the same but every individual reacts to it in a particular way because of his individuality. And what is a diseased state but the sum total of the reactions of a living organism against what is threatening its integrity? So every type of classification of diseases is to be taken with a big grain of salt, because it is beside the mark when we come to the problem of treating a sick individual. In short the observations of a naturalist, however complete and accurate, is never relevant to that of a physician who holds a specific purpose in view. This is Hahnemann's first indictment against all the physicians preceding him.

As regards the knowledge of remedies and their relations with diseased conditions Hahnemann's indictment against all the preceding physicians was severest. He examined the sources of the common *Materia Medica* (in an article published by him in 1817) and found that

1. The first source of the *Materia Medica* hitherto extant is mere guess-work and fiction, which attempts to set forth the general therapeutic virtues of drugs.

Since the time of Dioscorides (A.D 60) the remedies were known as resolving, dissipating, diuretic, diaphoretic, cathartic, anti-spasmodic etc. But no proof positive was forthcoming that they were so unconditionally and when administered singly on sick individuals.

2. The second source of the virtues of drugs, as ascribed to them in the *Materia Medica*, has, it is alleged, a sure foundation, *viz.*, their sensible properties from which their action may be inferred.

This idea arose from "the doctrine of signature" *i.e.* inferring the nature of actions of a substance from its physical appearances and properties. As for example, all plants looking red must have action on the blood or all plants having a bitter taste must have one and the same action, solely because they tasted bitter.

3. The third source of the *Materia Medica* is from the knowledge of chemistry which presumes to ascertain the therapeutic knowledge of drugs.

The chemical properties of a drug are never a clue to pharmacological actions of a drug though the chemistry of a drug gives us at best, many indirect helps in the matter. It must be borne in mind that each science can decide on such matters only as are within its own province. As the living organism is something more than a chemical factory, mere chemical knowledge of a substance is not at all a sure guide to indicate the nature of deviation from the state of health to be produced by it.

4. The fourth and the last but not the least important source of knowledge of the common *Materia Medica* is the knowledge derived from chemical uses of drugs (applied not singly but in combination) in actually diseased conditions.

In almost every instance a mixture of medicines was employed in diseases; and thus it could never be ascertained *for certain*, when the treatment was successful, to which ingredient of the mixture the favourable result was due; in a word "nothing at all was learned."

So Hahnemann holds that "to ascribe any powers to a medicinal substance which was never tested purely, that is, unless along with others, consequently might as well have been never tested at all, is to be guilty of deception and falsehood." The whole corpus of knowledge regarding the pharmacological and therapeutic virtues of drugs rested on tradition, heresays, uncertainties; haphazard observations and chance occurrences. And this state of affairs continued for 2300 years till Hahnemann appeared on the scene. But amidst this welter of confusion few substances were found to be specific remedies for some particular types of diseases, *e.g.*, roasted sponge in goitre, mercury

in syphilis, Cinchona-bark in marsh ague etc. But nothing was done to investigate on what did their curative specificity consist. Physics, Chemistry, Botany, Astronomy, Alchemy—knowledge of all these sciences were pressed into service to explain their *modus operandi*, but all were beside the point as has been discussed previously. The only true method of ascertaining the positive action of a drug *i.e.*, the method of testing the action of a drug on a healthy human being was never thought of till Hahnemann suggested it and actually experimented upon himself, his followers and on other healthy volunteers.

One idea stood in the way of ascertaining the action of drugs which were claimed to be specifics for certain diseases. It was Hippocrates who advised the physicians to immitate nature in the matter of treating diseases. It was noticed by him that the natural cure of diseases did often take place with the inducement of eliminatory processes—*e.g.*, vomiting, purging, sweating, expectoration or other evaculatory phenomena—in the body. So from his time, physicians were busy in discovering drugs which will evoke critical or evaculatory phenomena ; and their knowledge of drug-actions consisted in whether the drug is an astringent or purgative, stimulant or sedative, diaphoretic or diuretic etc. But these eliminatory processes are really the consequences of recovery which were misunderstood and misinterpreted by them as the causes of recovery. As for example, in a febrile case, the recovery and the perspiration were simultaneous ; but the sweat was the consequence, not the cause of recovery. "If that were the case, then, indeed, to induce sweating with the purpose of cure, would be as sensible as to light bonfires and ring bells to secure, not to announce, a victory." Hippocrates and his followers believed in "*Vis medicatrix naturæ*" *i.e.* the healing power of the Vital force. But sometimes cures were effected without the interpolation of any chemical or mechanical changes in the body—of any crisis or evacuations. These were called specific cures where the malady was directly attacked and the disease process was turned at once to normal healthy process. As on the one hand the physicians dreamt of the discovery of an universal cause of diseases (like philosopher's stone) so on the other hand they aspired after discovery of specific drugs to cure diseases. Instead of applying the two indispensable methods of observation and experiment they stranded into blind alleys of speculations and fancied short-cuts to achieve their goal. This idea of specific medication was advocated by Paracelsus but whose efforts were wasted and led astray

as he resorted to alchemy and astronomy. This idea was again revived by Sydenham, styled as the English Hippocrates who pointed out two alternatives—"either with Hippocrates, to observe and follow nature, immitate her methods of cure, assist her to open gates, and build bridges for the enemy to retreat with as little loss to the country it has ravaged as may be ; or to march against the foe and destroy it with a direct specific." But Sydenham could not discover the method of finding specific though he stumbled on finding out specific drug for a particular type of disease. This honour was reserved for Hahnemann who had to do a lot of clear thinking to expose the errors of his predecessors and to perceive the absolute necessity of applying the Baconian methods of inquiry into the field of medicine and to reorientate the views of his predecessors regarding life, health, disease and cure and other cognate matters medical. Thus Hippocrates, Paracelsus, Sydenham and Hahnemann form a series in the apostolic succession in the living church of Medicine—and Hahnemann is the consummation so devoutly wished for by sober men with strictly scientific outlook on all things concerning man.

Hahnemann gathered all the instances of specific cures in the medical literature that he could lay his hands on. An incident like 'Newton's falling apple' occurred. While translating Cullen's *Materia Medica*, from English to German language he came upon the eulogising remarks of Cullen about the ague-curing property of Cinchona-bark and his explanation of the *modus operandi* of that drug *i.e.* by virtue of bitterness the drug cured the ague. This explanation did not satisfy Hahnemann as there were plenty of bitter drugs but not possessing the ague-curative power. He thought of testing the positive action of Cinchona-bark on his own body. And lo ! after taking a few doses of the said decoction of the bark he came in for symptoms similar to what were described under the disease, called marsh ague. The coincidence was too striking for a Hahnemannian mind to ignore. He thought whether Cinchona-bark did cure ague by virtue of its power of producing ague-like symptoms in healthy bodies. Following the clue he started to 'prove' several so-called specific drugs on himself and on some other and in every case he noticed the similarity of symptoms produced by the drugs to those of the natural diseases to which they were supposed to be specific. He made the induction that the diseases so cured by the medicines were cured by virtue of the same power in the medicines which produced symptoms like those they

cured. He then converted the induction to deduction and said "Let likes be treated by likes" *Similia Similibus Curentur*. Thus Homœopathy was born when Hahnemann published an article in Hufeland's Journal under the title "Essay on a New Principle for Ascertaining the Curative Powers of Drugs." The doctrines of Homœopathy was attempted to be formulated, for the first time, by Hahnemann in his article "The Medicine of Experience" published in 1805—till the complete systematizations of the principles and practice of the Homœopathic Art of healing was effected with the publication of Hahnemann's *Organon of Medicine* in 1810. The art of medicine was placed on a scientific footing when Hahnemann discovered the method of testing the positive action of each individual drug and a law guiding the selection of drugs to cure diseases. Then the medicine of speculations which existed since time immemorial was changed into Medicine of Experience. He was not a barren iconoclast like Paracelsus but a constructive genius whose parallel there was none in the European history of medicine.

### **The Medical Philosophy of Hahnemann.**

Hahnemann was born at a time when there was a great upsurge of different philosophical and scientific thoughts which seemed to dominate the European mind by turns. Idealism and materialism were the two schools of thought each of which drew a large number of people under its respective fold. Each advance in physical sciences seemed to oust the idealistic school from its predominant position; while the failure of scientific theories and concepts to explain all the facts of nature, including those of life and mind swung the pendulum to the side of Idealism. Similar was the fate with the Universalists (who believed in the existence of generals) and the Nominalists (who believed only in the existence of the particulars.). With the growth of human knowledge, specialism became inevitable and each scientific specialist was busy with his own particular sphere of knowledge and activity but they were nonetheless influenced by the general ideas of different philosophical schools which happened to capture the mind of both the intelligentsia and the mass for the time being. Hahnemann, the erudite scholar, the double-headed prodigy of philosophy and learning was conversant with all these currents and cross-currents of ideas and ideological conflicts. But as a man imbued with true

scientific spirit he kept himself free from being obsessed with any of those one-sided theories and vague concepts. On the other hand, he never committed the philosophical crime of "confusion of categories" of different orders of existence. What particular philosophic system he supported cannot be ascertained from his writings. It seems very probable that he did not support any system "in toto." He accepted the reality of mind, life and matter whereby he neither supported the idealistic nor materialistic or the vitalistic school—each exclusively to the rejection of others. Theoretical speculations for the sake of mentally constructing a consistent world negating the paradoxical nature of the actual perceptible universe had no charm for him. He was not prepared to assume anything which was not justified by sense-experience. Matter he could not deny as it was perceptible to him. Life and mind he could not reject as their working phenomena were perceptible to him. The one incontrovertible proof for existence of any thing is, according to him, is sense-experience, never mind if the nature of that existence does not yield to rational analysis and interpretation. To him it was a fact that man, possessing a material body is nevertheless, a living, conscious being. He never bothered to discern how mind, life and matter, each belonging to different order of existence, got mixed up in the consciously living organism. He did not bother his head to speculate on the metaphysical nature of life and mind. He was satisfied with observation that "the material organism without the vital force, is capable of no sensation, no function, no self-preservation (he might have added no self-repair, no reproduction) (Sec. 10, Organon 6th Edition); and also that "the organism is indeed the material instrument of life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating dynamis, just as the vital force is not conceivable without the organism, consequently the two together constitute a unity although in thought our mind separates this unity into two distinct conceptions for the sake of easy comprehension." (Sec. 15, Organon 6th edition). To him the organism is the fact and all that he needs is the correct and complete observation of all the phenomena manifested in and through the organism. All that he wanted to impress on the mind of the medical profession is that there is some difference—in degree if not in kind—in the phenomena exhibited by a living matter (the organism) from that exhibited by an inert (so-called dead) matter. Health and disease are but states

or conditions relating to a living organism. Therefore sensations and functions, which are the differential characteristics of a living organism and the totality of which is the outward manifestations of health and disease—belong to the scope and subject-matter for study by a physician. It is, no doubt, true that there always occur some concomitant material changes with alteration in sensations and functions in disease-conditions, but the former is never the prime-factor for a physician's consideration as chemical and physical changes do also take place in a dead body but no question of health and disease arises here. Health is a condition of *ease*; and disease is a condition of *suffering* (dis-ease) of the living organism. Hahnemann does not want to go an inch beyond this factual observation. That is why he writes in his foot-note No. 16 to Sec. 31 (*Organon*, 6th Edition) that "when I call disease a derangement of man's state of health, I am far from wishing thereby to give a hyperphysical explanation of the internal nature of diseases generally or of any case of disease in particular. It is only intended by this expression to intimate, what it can be proved diseases *are not* and *cannot be*, that are not mechanical or chemical alterations of the material substance of the body, and not dependent on a material morbid substance, but they are merely spirit-like (conceptual) dynamic derangements of the life."

We may say that philosophically-speaking Hahnemann may be classed under the school of Empiricism but with certain reservations. Sense-experience is the bed rock on which he takes his firm stand and only those concepts which are justifiably formed from such observations are accepted by him.

He is thus a "vitalist" to a great extent but not in the sense in which Stall (1650-1734 A. D.), Joseph Barthoz (1734-1806) and Friedrich Hoffman (1650-1742 A. D.) were. Since the appearance of Des'Cartes an indecisive battle continued between the vitalists and the mechanists or materialists. Though vitalists scored on the materialists by many points they could never establish the objective existence of Life-principle or Vital-force. It remained a matter of belief. The hard-boiled scientists like John Hunter, the great English anatomist and the distinguished German bio-chemists, Leibig and Wöhler were vitalists. This much may be said that vitalism served as an useful protest against the still more unsatisfactory view of mechanism, but it threw no light on the mysterious phenomena of life. Even now though the biology admits its failure to explain the



living phenomena with physico-chemical concepts, it still feels diffident to accept the entitative existence of Life and takes it, at best, as a working hypothesis or a convenient fiction but not scientifically proved. So we cannot expect a cautious and clear-headed man like Hahnemann to commit himself dogmatically to one side or the other. But towards the end of his life Hahnemann leaned more and more to the pure vitalistic school whereas the rapid advances in the knowledge of physical sciences tipped the balance on the side of the materialistic school. He might have been influenced by Stahl, Barthez and Hoffman who all belonged to the animistic and vitalistic school—though he tried to keep away from the irrational parts of their theories. A comparative study of the successive editions of *Organon* show that this allusion to "vital force" occurs first in the 5th Edition (1833) which in all previous editions has often been substituted by the words "organism," "body," and "state of health." In the 6th edition he came to believe in the substantial entity of the Vital principle. He writes in Sec. 10 (6th Edition, *Organon*) "it (the material organism) derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital principle) which animates the material organism in health and disease." Also in Sec. 29 we find "every disease (not surgical) consists only in a special morbid dynamic alteration of our vital energy (of the principle of life) manifested in sensation and motion etc." We feel a contradiction and conflict in Hahnemann's ideas if we read Sec. 9, 10, 11, 12 and 13 with Sec. 15 of *Organon* 6th Edition. In Sec. 15 we read the body-life as a complex, indivisible whole, although in thought our mind separates this unity into two distinct conceptions for the sake of easy comprehension. Here the factual reality is that the body and life are not two entirely separate substantial entities, whereas in Sec. 11, 12, and 13 we are given to understand that it is only the vital principle which is primarily affected in disease and which leads to subsequent disorders in the material body. There is a mechanical view of cause and effect implicit behind this statement which Hahnemann is supposed to have shared with the sixteenth and seventeenth century physicians that the living body did not work itself but it was tenanted by a principle that made it "live," something immaterial that used the body as a craftsman uses a tool. Hahnemann must have felt this defect in the theory; otherwise he would not have written in the foot-note No. 8 to Sec. 12 thus, "how the vital force causes the organism to

display morbid phenomena, that is *how* it produces diseases it would be of no practical utility to the physician to know, and will forever remain concealed from him" etc.. Of course a metaphysical explanation can be afforded in the light of latest contributions of Sri Aurobindo to the spiritual philosophical thoughts of India. But Hahnemann did not, could not and wanted not to delve into these metaphysical questions. He stuck to the plane of sense-perceptible phenomena on which he could tread with surer steps and he was satisfied to deduce only those concepts which were justified by his observations. Still he was a child of his times and leaned to vitalistic school in his later years.

But the greatest contributions of Hahnemann to the medical philosophical thought consists in his regarding medicine as a branch of biology—human biology in particular; fixing the concept of a biological whole as the most adequate concept for studying and interpreting the living phenomena and declaring the inadequacy of applying the physico-chemical concepts to study man, either in his healthy or diseased condition; and pointing out the inapplicability of the notion of mechanical causality in the field of life and organism.

Hahnemann made his position very clear when he wrote the following in his memorable article under the caption "Spirit of Homœopathic Medical Doctrine (1813).

"What life is can only be known empirically from its phenomena and manifestations, but no conception of it can be formed by any metaphysical speculations 'a-priori'; what life is, in its actual essential nature, can never be perceived by mortal man, nor ascertained by speculative ratiocination.

"To the explanation of human life, as also its two-fold conditions—health and disease, the principles by which we explain other phenomena are quite inapplicable. With nought in the world can we compare it save with itself alone; neither with a piece of clock-work, nor with a hydraulic machine nor with chemical processes, nor with decompositions and recomposition of gases, nor with a galvanic battery; in short with nothing destitute of life. Human life is in no respect regulated by purely physical laws which only obtain among inorganic substances. The material substances of which the human organism is composed no longer follow, in this vital combination, the laws to which material substances in the inanimate condition are subject; they are regulated by the laws peculiar to vitality alone; they are themselves

animated and vitalised just as the whole system is animated and vitalised. Here a nameless fundamental power reigns omnipotent, which abrogates all the tendency of the component parts of the body to obey the laws of gravitation, of momentum, of the *vis inertiae*, of fermentation, of putrification, etc., and brings them under subjection to the wonderful laws of life alone—in other words, maintains them in the condition of *sensibility and activity* necessary to the preservation of *living whole*, a condition almost spiritually dynamic."

This view of Hahnemann perfectly tallies with the latest conception of life which can only be expressed in terms of life. All the recent advances in physiology are nothing but advances in the knowledge of chemico-physical processes underlying the living phenomena.

In Medicine, according to Hahnemann Man is to be studied from an organismal standpoint and not from that of a mechanism. A machine or a mechanical system is a combination of material parts, so adapted and collocated that motion put into one of them from outside is transmitted and distributed through all the rest; and the parts by inhibiting and balancing one another's movements produce a joint result which consists in setting something else in motion and producing change of position in space. Thus a mechanism consists in transference of motion from one body to another by external shock and impact; as one rolling ball communicates its movements to another by striking against it. It follows from this that a mechanical system is not a real but only an artificial whole—it has no central power of self-construction, self-evolution or self-preservation. A mechanism has no internal unifying and self-regulating principle. Whereas an organism is not artificially made, but grows—not put together by the forces acting from the outside but evolved by a single power working from within—a self-evolving, self-sustaining unity. In an organism the result has something to do with its own production. The plan or idea contained in the evolving force, from the beginning, manifests itself as the energy of Life—the unifying and controlling power of the whole over the parts—differentiating and co-ordinating the parts and making them co-ordinate together for its own more perfect realisation. The parts derive their form and function from the whole; and the whole makes itself to be what it is by evolving and sustaining the parts as its organs. In other words, the evolving power reacts from the whole upon the parts making them subservient to its own plan

or idea ; and thus raises itself into being the 'life' of the organism. Therefore life is both the beginning and the resultant of the organism. It is its beginning because it is the power which evolves it from the primordial cell onwards. It is the resultant because the organism is the system of parts by means of which it completes and perfects itself and makes itself to be concrete life. Thus human being is an organism which evolves the system of mechanically related parts and works in it and through it. Here mechanism is not ultimate but instrumental to a power behind it. Alexie Carrel has beautifully expressed the nature of a human being thus : Like a machine it is both simple and complex. But the machine is primarily complex and secondarily simple ; whereas man is primarily simple and secondarily complex. He originates from a single cell.

The 'holistic' conception is absolutely necessary to understand the living phenomena of any being. The word 'whole', here, is used in a technical sense to mean something which is more than the sum of its parts. A whole is to be distinguished from an aggregate. A machine is an aggregate. It is the assembly of its parts, the arithmetical sum total of all the cranks and nuts and screws which it may be found to contain. A machine can be taken to pieces, each of its component parts examined separately and may be put together again ; whereas a living body is not susceptible of this treatment. The whole is something over and above its parts, brought into being by their coming together, but not therefore to be resolved into them. When it is said that a body is a whole or unity, one of the things that is meant is that its parts owe their nature to the fact of their being parts of the whole, that they are bound by necessary relations to other parts and that they form together with those other parts and with the relations a new entity, viz. the whole body, which can only be broken up at the cost of the destruction of the parts as parts. Man is an aggregate of material units—of flesh and blood, muscles and nerves and organs. But in addition to being the sum of these constituents, the human being has a personality of his own which is more than the arithmetical sum-total of the constituent parts of his body. If we take out a heart, a lung, pancreas etc. and other principal parts from a living body and then attempt to put together again in the body from which they were taken—we will find the task impossible ; for the whole to which they belong has been destroyed by their withdrawal and cannot be reconstructed.

Another point is to be borne in mind. When a whole emerges out of an assemblage of parts, it manifests certain properties which the individual parts are never capable of putting forth. Thus the whole is not only the sum of its parts but is something more than their sum and this "more" though dependent on the assemblage of the parts for its physical existence, is not itself contained in them, is not exhaustively analysable into them. But this statement must not imply that the parts precede the whole which comes into existence only as a result of their association. The mental wholes or vital wholes are logically prior to the parts. They are there, as it were, to begin with, and being there proceed to express themselves in parts whose natures they pervade and determine. That is why life may be said to be the beginning as well as the resultant of the organism. In the course of evolution "holism", with its creativeness, gains on mechanism and at the stages of mind and personality mechanistic explanation is hopelessly inadequate. Life, mind and personality are conceived as successive advances in the holistic structure of matter, involving no disturbance in the prior structure on which each, in turn, is based, each being a creative continuation of the old, not a denial of it.

This holistic conception of organism serves to reconcile the materialistic and the vitalistic approach to its study; and Hahnemann long before the ideas became clear and prominent in philosophy, previsited it and tried to place it before the medical profession of his time. Hahnemann concluded that a human being transcends mechanism and is in reality an organism; and he wants us to study man from this organismal outlook. The subjects auxiliary to modern medicine *e.g.* Anatomy, Physiology, Pathology etc.,—all try to study the human being from the standpoint of mechanism which is under the sway of physico-chemical forces. Herein is the basis of the ideological conflict between Homœopathy and the so-called modern medicine.

Such a holistic conception has revealed that the whole is not limited by its manifestations or exhausted by them. Life is never limited by the sum-total of its manifestations at any time; similarly disease which is nothing but altered life is never exhausted by the sum-total of its manifested symptoms or the pharmacological action of a drug is never exhausted by the perceptible symptoms produced by it on a healthy human being. But as we can discern the individuality of an embodied life through its working in and through the body so the particular nature of the disease-process or the distinctive

pharmacological individuality of a drug are hinted by the perceptible symptoms. Not only the man but a disease and a drug were also tried to be grasped as a whole by Hahnemann. This is an entirely new departure in the line of medical thought. It was Hahnemann who declared first that a drug does not produce mere symptoms but produces disease just as a natural morbid agent does. The man is altered as a whole by a drug as by a natural disease-cause. This point of view discourages the approach to study of Man through specialised sciences like Anatomy, Physiology, Pathology etc. These particular branches of science have taken Man to pieces in order to examine each piece separately, precisely with as much mathematical exactitude of knowledge from the view-point of cause and effect as possible. This approach has given rise to specialisation, which, in turn leads to fragmentation and segmentation in medicine. Now the specialists are finding the greatest difficulty in putting the pieces together again to arrive at a whole. But this is practically impossible as we have discussed before. For the person whether well or sick, this means added difficulty in obtaining comprehensive medical care when defined in terms of continuity, quality and completeness of service. The orthodox medical school is in a fix to reconcile its specialists' knowledge with that of a general practitioner ; but Hahnemann has solved this problem by his discovery of a method whereby the patient and remedy are both studied as a whole ; and by the discovery of a therapeutic law whereby a particular drug is administered to a particular sick individual from this holistic standpoint. Hahnemann wanted to stem the tide of rapidly increasing specialisation and tried to swing the pendulum from the coldly *scientific approach* represented by this increased degree of specialisation and fragmentation of the doctor-patient relationship to an *integrated approach* to the sick person as being in a state of mental, moral and physiological imbalance with his environments inward and outward.

This holistic conception of Man led Hahnemann to distinguish between the notions of a mechanical and a creative cause or evolutionary cause. An organism grows from within and belongs to the domain of Life. Physical science reduces all causality to transference and transformation of motion. As the category of life is different from that of matter, the conception of causality as applied to the realm of matter is not applicable to the phenomenal world of life. Physical science can never explain how body can act on mind or mind on body.

So instead of delving into speculations and vain hypotheses Hahnemann gave up the attempt to explain the symptoms or the actions of a drug in the living body. To him association or sequence of symptoms was enough. The doctrines of evolution, of heredity and of growth appear to necessitate the recognition of ends in operation, as distinguished from external causes, and they are of such a character that the differences about their respective action at a distance disappear, and that the ends themselves take the external shape in the shape of the phenomena as a whole which has no existence outside its members and the material in which it expresses and conserves itself, maintaining unbroken the identity of the organism through its course from its conception to death, notwithstanding metabolism and constant change in material. Medicine really belongs to a department in Biology. In medicine the nature of the stimulus imparted by a drug to the performance of functions by the organism can never be expressed adequately in terms of physics and chemistry. The character of the stimulus belongs to the domain of life and distinctive differences in mode of action are obvious. The mechanical cause in the physical world cannot be made synonymous with the "creative cause" in the domain of life. Hence Hahnemann presented homœopathy as a descriptive science, based on phenomenalism and not concerned principally with causal explanations. The orthodox school of medicine presents medicine as a science, based on causality and therefore subject to endless search for cause and effect and everchanging conceptions and terminologies. This basic difference of thought, which is underlying the conflict between these two schools and which is more unconsciously felt than clearly understood makes it so difficult for the orthodox school to find an approach to Homœopathy.

Thus we find Hahnemann did not approach the subject of medicine from the angle of causalism (*i.e.*, search for cause) ; but tackled the problem of disease through pure observation of phenomena. Such experience admits of deductions and generalisations but it never presumes over facts nor speculates over the unknown. The homœopathic therapeutic law does not embody a theorization as to the mode of action of drugs in a diseased state nor speculation as to the cause of such action, but simply expresses a correlation of two sets of phenomena in much the same way that the law of gravitation formulates an attractional relationship between two masses. In neither

instance attempt is made to enter into the realm of the unknown origin or the nature of the thing itself.

The technique adopted by Hahnemann is "an intuitive disposition of thinking with phenomenology as the method of research, analogising as the way of thinking." The phenomenologic method keeps strictly to the plane of phenomena, has the great advantage of comprehending complex phenomena such as those of life in their variety, and at the same time, thanks to its intuitive power, in the unity of their organic forms. Causal thought, however, pulls the complex tissue of life in its single threads, following them without ever being able to get hold of the texture as a whole. It is a further advantage of the phenomenological thinking in comparison with the causal that it is less subject to fallacious reasoning, the possibility of which grows with the manifoldness of the objects under observation and naturally becomes greatest with the phenomena of life. In its descriptive way it apprehends form, which impresses its stamp upon all livings and which can never be grasped by causal thought. The danger of causal thought, always active, lies in the arbitrariness with which it breaks into unity of life and rashly generalising draws its conclusions, always following only one direction. The causal way of thinking apprehends, abstractly, the multitude of details but not the unity essential to all living organisms. It strays from the phenomena of life to be lost in endless chain of causes and effects and to come more and more to abstract formulas. Its ultimate aim is the analysis of quality into quantity. So it strays farther and farther from life, less and less conforming to it; whereas phenomenologic research proves to come nearer to life. What more can be adequate for the expression of life process than the sensations felt by man and the functions exhibited by him? What more can be adequate for the expression of disease *i.e.*, altered life process than the symptoms recorded in the plain language of the patient, which he uses in his every day life? They are the nearest approach to the factual reality. Homœopathy studies disease-symptoms and drug-actions as facts *i.e.*, in their concrete wholeness; it studies them as unique alogical facts transcending the logical conceptions involved in them which are studied through physiology, pathology and other allied sciences—these scientific studies being abstract conceptual studies, miss the continuum of experience which is the living reality;



Hahnemann grasped the principle of "unity in diversity" as the pattern of all natural phenomena and applied it to the field of diseases. Disease, according to him, is a process and not a fixed objective entity ; and so diseases can be classified following the Botanical and Zoological Schemata only at the expense of ignoring the individual peculiarities. There are as many diseases as there are men in the world. Hence rigid classification and nosology do not correspond with the factual realities. There may be some fixed type of diseases (to which some fixed name may be given) but each individual sick person will show some characteristic variation peculiar to his individuality. A phenomenologist who has to deal with concrete wholes cannot afford to overlook the peculiar characters which lend individuality to the totality of symptoms.

Such is the medical philosophy of Hahnemann who criticised the foundations of the art of therapeutics and came to the conclusion that the art of healing did not improve as it was always tagged on to the imperfect though progressive knowledge in the auxiliary sciences (*e.g.*, Anatomy, Physiology, Pathology etc) to medicine. No body before him thought of making the art of healing as an independent branch of study, having observations and laws of its own. Science is systematised knowledge and knowledge of any subject can never be systematised without the discovery of general laws operating in the particular field concerned. So long nobody could discover a general law of interrelation between the disease-phenomena and the drug-phenomena ; and thus the science of therapeutics was never developed. With the discovery of a therapeutic law of cure, with the clinical methods of observing the sick and the drug-actions, with the philosophic approach of studying the men and drugs from the holistic standpoint the art of therapeutics was raised to an independent level of its own and the science of therapeutics was discovered by Hahnemann for the first time in the medical history of the West. So in the development of therapeutic art Hahnemann's advent is phenomenal and his position is unique, his philosophical outlook in medicine is original for "the mightiest is the strongest when he stands alone." The discovery of the Homœopathic art of healing cuts across the general evolutionary trend of the modern medical science. He proclaims both an epoch and era ; he represents both discovery and progress. To-day, as a hundred and fifty years ago, he holds in one

hand the past and in the other the future of medical achievement in the domain of therapeutics.

Human knowledge has grown unmanageably vast with the inevitable growth of specialism. But a time has come for the medical profession to have a stock-taking of their efficiency in curing the sick. Indications are not wanting to show that the so-called modern scientific medicine is getting restive and anxious to criticise the basic principles on which it was progressing with such a break-neck speed.

'It is a matter of regret and concern that the rapid advances in medical knowledge and the development of the resources of medical science during the last fifty years have not resulted in a proportionate improvement in the general efficiency of medical practice"—is the statement in the Report of Medical Curriculum Committee of the British Medical Association, published in 1948. The Committee believes that "one of the most serious defects in present-day medical training in the clinical period is the failure (i) to regard the patient as a whole and (ii) to teach the principles and practice of general medicine. If the medical practitioner is to treat his patient "as a whole" he must be taught how to do so in his undergraduate years and he cannot be properly trained in this conception by the present method of dividing Medicine into a number of distinct compartments taught separately. Means must therefore be devised of teaching Medicine "as a whole." But "we find that the said committee has still failed to apply the holistic principle to the art of treatment. So long this is not done the pursuit of the medical art of healing will not be as fruitful as it should be. The philosophy was elucidated, the 'Organon' of medicine was discovered by Hahnemann a century and half ago but the so called modern scientific medicine still refuses to pay heed to his views—much to the detriment of the suffering humanity and the healthy growth of a physician's mind.

We pass on to discuss the scope, nature and limitations of Homœopathy in our next chapter.

## PART II.

### Homœopathy : What It Is ?

In a wider sense Homœopathy, in the first place, means a method of scientific study and therapeutic practice ; in the second place, means the facts discovered by this method ; and thirdly, signifies the theories that have been propounded to explain and correlate these facts. In other words, Homœopathy implies a particular way of applying drugs to diseases according to a specific principle, known as "*Similia Similibus Curentur*" (let likes be treated by likes) ; and implies as well the theories of vital force, of chronic miasms and of dynamisation of drugs.

In a narrower or stricter sense Homœopathy is "a rule of practice for the administration of drugs" and for that matter of other (physical) agents ; or it may be called the "Medicine of likes" (as etymologically 'homois' means like' or similar--'pathos' meaning suffering). In other words Homœopathy is a method of curing the sufferings of a man by the administration of drugs which have been experimentally proved to possess power of producing similar sufferings in a healthy human being. It is a specialised system of drug-therapy and nothing more or nothing less.

Homœopathy has been defined by many in various ways. One of the most learned definition of Homœopathy has been presented by Dr. W. E. Boyd, M.D., M.A., M. Brit., I. R. E. & thus : "Homœopathy is a therapeutic method which assumes that a deviation from the fundamental mean within reversible limits can be restored to normal by means of stimuli, usually applied in the form of drugs, only sub-physiological doses of which are necessary because of hypersensitivity in disease and whose action is always directed toward normal by virtue of altered receptivity of tissue to stimuli in disease".

Hahnemann's discovery is essentially a practical method, an organon, an instrument for achieving, in the best possible manner, a desired specific purpose *viz.*, that of curing the sick people. Homœopathy is not a doctrine or a system of medicine as the later followers of Hahnemann tried to establish. He pointed out the defects of any kind of system-building in the province of Medicine ; and it will

be a matter of great pity if we fall into the same error against which he warned us with all the emphasis that his language could command. Homœopathy attempts to explain nothing, wants to reject nothing (whatsoever is a perceptible fact) and scrupulously avoids any assumption which cannot be legitimately deduced from observed facts. It speculates neither with theories of life, nor health nor of disease. It affords no conclusive explanation of how drugs produce or cure diseases. It is a method of pure factual observation. It takes into account two sets of phenomena *viz.*, disease phenomena produced by natural causes and the artificial disease phenomena produced by drugs on the healthy individuals. Like man diseases present various aspects for study—each with a particular purpose in view. As for example, a sick man can be studied from ætiological, diagnostic, prognostic and therapeutic points of view. Before Hahnemann the physicians confused one aspect of the disease with the other and could not discern what is the object of treatment and cure. They did not realise that the therapeutic aspect of a disease is a distinct aspect relatively independent of other aspects. Hence the therapeutic art could not be raised to an independent level—having laws and phenomena of its own ; whereas the other aspects of disease were attempted to be studied scientifically and therapeutics in their hands turned out to be more an applied science rather than an art.

For therapeutic purposes Hahnemann picked up the clinical aspect of diseases. He realised that clinical phenomena are those which render themselves perceptible to our senses as a resultant of actions and reactions of the forces—mechanical, chemico-physical, physiological and psychological—operating in and through the human organism in diseased conditions. They are the nearest approximation to the factual reality relating to the organism as a whole. These phenomena comprise the altered sensations, functions and structural changes of the sick man, appreciable by the patient and cognisable by the physicians, but excluding any hypothesis and theories regarding the essential nature and causations underlying those phenomena.

Similarly, for therapeutic purposes Hahnemann wanted to study the clinical symptoms produced by drugs when they are proved on healthy human beings. This aspect of knowledge of the drugs is relevant for the application of drugs to diseased conditions for the purpose of cure. Thus Homœopathy takes these particular aspects (clinical aspects) of disease and drug-action—not denying that there

are others—as the opposing surfaces. Hahnemann noticed that the possible modes of applying drugs to diseases are three in number—*viz.*, antipathic, heteropathic or allopathic and homœopathic *i.e.* the artificial diseases (observed to be produced by medicine) can be employed against certain natural morbid states—and he explained them as herein below :

(1) By the use of such medicines as are capable of producing in the healthy individual an opposite state (enantipathic or antipathic) to that of the case to be cured ;

(2) Or by the use of such medicines as are capable of producing in the healthy individual a different (neither similar nor opposite, hence hetero-pathic or allœopathic) affection from that exhibited by the disease to be cured ;

(3) Or by the use of such medicines as can cause a similar (homœopathic) state to the natural disease before us. (Hahnemann : The spirit of Homœopathic Doctrine)

Experience teaches us that the last method (*i.e.*, homœopathic method) is by far the method of choice for curative purpose. Hahnemann went into the details by judging the pros and cons of each method (an account of which will be given later on) and came to the conclusion about the superiority of the homœopathic method of application of remedies over others.

Here we must bear in mind the difference between the same (*idem*) and the similar (*Similia*). The natural disease-cause (whatever its essential nature might be) and the similar-symptoms-producing drug are not identical objective existences by themselves but their similarity lies in the fact that the living human body reacts either to the natural morbid cause or to the drug in the same manner by the production of similar symptoms in and through the organism. Overlooking or failure to grasp this fundamental idea has given rise to considerable misunderstanding or confusion of thoughts.

The scope of Homœopathy comprises two sets of phenomena—clinical disease-phenomena and clinical drug-action phenomena—and the therapeutic law (*similia similibus curentur i.e.*, let likes be treated by likes) discovered by Hahnemann which supplies the coping stone to the arch of Homœopathy. This Law fulfils the requisite characters of a Scientific Law for the following considerations :

(1) This law expresses only the relation between two series of phenomena *i.e.*, the disease and the drug phenomena.

(2) This law is evidently justified by strict adherence to scientific procedure of observation, generalisation, formation of hypothesis (*i.e.*, provisional supposition) by induction and deduction and experimental verification.

(3) This Law is based on no hypothesis—because hypotheses are framed or overthrown by accumulation of hitherto unobserved new facts and by the progress in knowledge.

(4) There is no question about the essential cause or 'modus operandi' of the Law. There is no involvement of metaphysical dialectics.

(5) This law, like laws in other scientific subjects, affords us the means of prevision. *E.g.* The science of Astronomy, basing its calculations upon the Laws of gravitation can predict the exact date and time of solar or lunar eclipse.

Before Hahnemann and even now in the ranks of the orthodox school of medicine the physicians never realised the importance of the discovery of a law in the domain of therapeutics. That is why their knowledge regarding diseases and drugs could never get correlated ; and they could never raise the art of healing to a scientific level. Hahnemann did it, but such is the perversity of a conservative mind that he is still denied his legitimate place in the field of medicine. The fact is that the majority of physicians, past or present, are neither good philosophers nor good scientists. They could never apply the fundamental principles of logic and science to the domain of medicine. They always tried to shine with borrowed light from sciences other than Medicine proper and kept hidden their therapeutic poverty with the glittering riches gathered from other sources. The result was therapeutic sterility.

Dr. Hughes has aptly remarked in his book on "Principle and Practice of Homœopathy" that Hahnemann was not a sterile scientist but "a craftsman, the practiser of art and skill rather than knowledge being his qualification. His art, indeed like others, has its associated sciences. Physiology and Pathology are to it what chemistry is to agriculture ; and astronomy to navigation. So far as they bring real knowledge, the more versed the physician in them the better for himself and for those in whose aid he works. But he was before they had being and his art should have a life of its own, independent of the nourishment they bring. They must, being progressive, consist

largely of uncertainties--working hypotheses and imperfect generalisations, destined ere long to be superseded by more authentic conceptions. Medicine should not vary with their fluctuations or hold its maxims at the mercy of their support. While grateful for any aid they bring, it should go on its own separate way and fulfil its distinctive mission." According to the orthodox school of medicine diseases and drugs are still studied with the eye of a naturalist rather than of an artist. That is why their students acquire knowledge--etiological, pathological, prognostic and diagnostic regarding diseases but helpless in their treatment and ever in the search for newer and better specifics for specific diseases and not for individual patients. Their 'wonder-drugs' of to-day become the discarded rubbish of to-morrow; and this state of affairs goes by the name of progress in the so-called modern scientific medicine.

## CHAPTER III.

### Homœopathy and the Modern Medicine.

1. (a) The trend of orthodox medicine is to generalise, to diagnose and to treat illnesses and their causes so far as these are accessible to diagnosis and treatment.  
(b) The trend of Homœopathic medicine is to individualise, to view and treat each patient as a person suffering under and from particular conditions.
2. (a) The orthodox medicine tries to find out specific remedies for specific diseases named and classified according to a nosological schema ; *e.g.*, this school tries to find out specific drugs for diseases like tuberculosis, pneumonia etc.  
(b) Homœopathy tries to find out a general principle which will be made applicable to find out a specific remedy for each suffering individual—whatever may be the nosological term for his disease-condition. *E.g.* Ten cases of tuberculosis may require ten different remedies ; whereas ten different disease-conditions bearing different nosological labels may require the same drug.
3. (a) The orthodox school tries to study the human organism from a materialistic standpoint *i.e.*, it tries to reduce the human organism to a machine or physical chemistry. It tries to explain the vital phenomena in terms of chemico-physical processes and in terms of matter and energy or motion.  
(b) Homœopathy looks at the human organism from the point of view of a biological whole, *i.e.*, the organism though consisting of different parts is something more and greater and richer in its potentialities and functions than what are possessed of by each of its constituent parts and transcends them as well.
4. (a) The orthodox school concentrates its attention to the parts of the organism and misses the whole. So it



associates diseases with particular parts of the body, i.e., tissues and organs and tries to treat those parts—tissues or organs primarily.

- (b) Homœopathy accepts the concept of the biological whole ; so it tries to treat the patient as a whole and not the disease—as is commonly talked about in homœopathic parlance.
5. (a) The orthodox school tries to ascertain the action of drugs through animal and laboratory experimentations.
- (b) Homœopathy tries to ascertain the action of drugs by proving them on healthy human beings who are able to communicate their subjective symptoms to the experimentors.
6. (a) The orthodox school regards Medicine as applied physiology and pathology and its therapeutic methods are dependent on physiological and pathological discoveries and which are liable to change with the progress in knowledge acquired in those branches of science which are satellite to Medicine.
- (b) Homœopathy has raised therapeutics to an independent status. Here therapeutics has a life of its own though it assimilates any nutrition derived from auxiliary sciences.
7. (a) The approach of the orthodox school to the study of diseases is from the physiological standpoint.
- (b) The Homœopathic approach to the study of diseases is from its clinical standpoint. It regards clinical symptoms-totality as the nearest approach to the factual reality. Homœopathy regards clinical symptoms as those that render themselves perceptible to our senses as a resultant of forces—chemico-physical, vital, psychological—that are acting and reacting in and through the human organism in disease-conditions. The clinical symptoms are, thus, dynamic and co-extensive with diseases ; whereas pathological changes are the static changes brought about as ultimate end-results of the disease-processes,

8. (a) The orthodox school regards diseases as the sum total of structural and functional changes in the body.
- (b) Homœopathy regards disease "per se" as a morbid vital process caused by dynamic influences of noxious agents on the vital principle as manifested through perceptible signs and symptoms, the totality of which constitutes for all practical purposes what goes by the name of disease. Homœopathy regards all the structural changes in the body as end-results of morbid vital process.

Homœopathy regards that the source of life and energy is not material but spiritual, the basis, the foundation on which the life and energy stand and work, is physical.

The scope of Homœopathy lies in treating the actual morbid vital process and neither its causative agents nor its ultimates.

9. (a) The orthodox school does not feel the necessity of discovering a therapeutic law of cure. It makes use of any approach, whatever it thinks best adapted to the case in hand.
- (b) Homœopathy does feel the necessity of discovering a therapeutic Law of cure. It regards no branch of knowledge as scientific which has hitherto failed to discover a general law or laws which seem to underlie and correlate the phenomena of the particular subject concerned.

That the Homœopathic therapeutic law of cure is absolutely scientific is justified by the processes of observations, inductions, deductions and experimental verifications.

10. (a) The orthodox school makes use of any thing as a remedial agent derived from any source.
- (b) Homœopathy accepts only those substances as therapeutic remedies whose positive actions have been ascertained by proving on healthy human beings.
11. (a) The orthodox school believes in palliative, substitutive and parasiticial measures.

- (b) Homœopathy believes in the supreme efficacy of the homœopathic method of application of drugs as single remedies at a time and in minimum doses. (Subject to some exceptional circumstances).
- 12. (a) The orthodox school tries to make of medicine a particular science and its whole trend of views regarding matters medical is analytic as relevant to study of any branch of knowledge in a scientific way.
- (b) Homœopathy takes up Medicine primarily as an 'Art' and its whole trend of views regarding matters medical is synthetic as relevant to the study of Biology which still remains in the stage of descriptive science.
- 13. (a) The orthodox school is guided by the analytical mental tendency of a rational attitude of mind "with an abstractly notional disposition of thinking, the principle of the causality as the method of research and induction as the way of thinking".
- (b) The technique adopted by Hahnemann is "an intuitive disposition of thinking with phenomenology as the method of research, analogising as the way of thinking".
- 14. The homœopathist stands as a specialist at a pivotal point between the individual with the disease and the *organo-specialist* who makes the detailed investigation of the particular tissue or tissues bearing the brunt of the disease. He must correlate the work of the latter with his own investigation of the needs of the patient as a whole.
- 15. Homœopathy is a method focusing its effort upon the individual and the individualistic side of disease.
- 16. (a) At one end of the scale lies the field of public health which deals with disease en masse, aims largely at prevention.
- (b) At the other, Homœopathy copes with the individual's particular health problem and aims chiefly at cure.

The places of both are equally important. There is no conflict ; there is complementary effort.

## CHAPTER IV.

### **An Approach to the Study of Hahnemann's Organon.**

'Hahnemann's 'Organon' is a stiff book for beginners. It is written in an aphoristic style as was the custom for many during his time. Bacon wrote his "Novum Organum" in the same style and there is no doubt that Hahnemann was influenced most by the former. It is preferable that any student desirous of studying organon, should acquire necessary mental discipline to prepare a receptive soil for the knowledge contained in this 'magnum opus' of Hahnemann. This mental preparation involves the consideration of the following points, which are as follows :

#### **The Teaching of the Logic of Homœopathy.**

Hahnemann's Organon is a critique of medical philosophy underlying the art of Medicine. An analytic study of Organon as well as that of the history of Homœopathy and the life-story of its founder clearly show that Homœopathy is a product of inductive logic applied to the subject of Medicine. It is in fact the first as well as one of the most brilliant examples of the application of the inductive method of reasoning to the solution of one of the great problems of humanity viz., the treatment and cure of disease.

Homœopathy is claimed to be both science and art of medicine. The inductive method in science is the application of the principles of the inductive logic to scientific research. This method was promulgated by Lord Bacon and was set forth in his immortal work "Novum Organum"; and Hahnemann's choice of the word "Organon" as the title to his book, clearly shows the source of his inspiration, which, in fact, is the basis and science of every modern science. For science is verified or verifiable knowledge produced by conception of percepts and induction of deducts. Hence the first requisite in the mental make-up of any student of science in general or of Homœopathy, in particular, is a thorough acquaintance with the fundamental principles of logic, both deductive and inductive. This does not imply that the prospective student of Homœopathy is to undergo a systematic training in the course of Logic. But it is desirable that the teaching

of *Organon* should be conducted in such a way as to make it clear to the mind of a homœopathic medical student the implications of the logical principles by which Homœopathy was worked out and built up and with which a homœopathic physician has to conduct his daily work with ease and facility by treating every concrete individual case.

Logic and philosophy are not things absolutely extraneous to human mind, only to be acquired from books on those subjects. Philosophy is man's thinking and Logic deals with the correct methods of reasoning itself. All people are logicians or philosophers in some manner or degree, but unfortunately many persons are bad ones and suffer harm in consequence. The remarkable cures made by such men as Master Hahnemann, Lippe, Dunham, Wells, Kent etc., are commonly regarded as having been due to some mysterious power possessed by them as individuals. That similar results are attainable by any one who will master the method is difficult to believe; yet a clear and comprehensive statement of the principles involved and an identification of the source from which they are drawn are not explicitly stated in the homœopathic literature. This goes to create an impression that those master-minds were either unaware, perhaps through forgetfulness of the nature of the principles they were using or that they took it for granted that the student already possessed the requisite knowledge. They did not seem to realise its educational value and importance to the student who should be able to identify and consciously use an unnamed science which is fundamentally related to the medicine, and especially to Homœopathy, for they certainly did not name it nor definitely refer to it. It is an undeniable fact that Hahnemann wrote his book for the medical profession, *i.e.*, for men who already possessed the knowledge fundamental to the science and art of medicine. It is the force of circumstances that induced laymen to adopt Homœopathy and to practice it with the zeal of missionaries and martyrs. That is why though Hahnemann's *Organon* is the high-water mark in medical philosophy it does not explicitly discuss the fundamental principles for Logic and metaphysics which form the basis of science and Philosophy. Now-a-days the University education being sharply divided into Science and Art courses, the science students are not taught at all the principles of inductive logic, which are the bed-rock of science, scientific methods and techniques of investigating scientific truths and conducive to the development of scientific attitude of mind.

In order to make up this mental deficiency of our students who come up for study of Homœopathy and to equip them with the necessary basic knowledge to follow with profit the tense logical sequences of the aphorisms of *Organon*—a change in the method of pedagogy of *Organon* is advocated with the delivery of introductory lectures on the fundamentals of logic, metaphysics, philosophy and science. The preliminary grounding on the part of a homœopathic student will go a great way to obviate much of the loose thinking and confusion of categories that are current regarding the science and philosophy of Homœopathy.

### **The Teaching of Homœopathy on a Historical Perspective.**

The longer one can look back, the further one can look forward. The past supplies the key to the present and the future—History forms the basis of all knowledge and is a convenient avenue of approach to any subject for study. It is, therefore, only natural to regard the evolution and progress of medicine from by-gone times as an essential background to modern medical education. In order to grasp fully the significance of the principles of Homœopathy a student should possess the knowledge of the state of affairs in the medical world when Hahnemann appeared on the scene. In order to enter into the mind of Hahnemann when he was a homœopath in the making, a student should be acquainted with the original writings of Hahnemann which may be taken as precursors to his immortal work "*Organon*." These writings, *e.g.* (1) *An Essay on a new principle for ascertaining the curative powers of drugs* (1796); (2) *Æsculapius in the Balance* (1805); (3) *Medicine of Experience* (1805); (4) *On the Value of Speculative Systems of Medicine* (1808); (5) *Observations on the Three Current Methods of Treatment* (1809); (6) *The Spirit of Homœopathic doctrine of Medicine* (1813)—will throw a flood of light on the mental crisis which Hahnemann had to undergo while appraising the scientific value of the system of medicine which was in vogue during his time. These writings should serve as a good introduction to the study of *Organon* and should go a great way to rouse the critical faculty of a student of homœopathic medicine. Homœopathy started as a rebel child of the orthodox school of medicine and a prospective student should be thoroughly acquainted with the grounds for rebellion which was started by Hahnemann in the field of medicine.

A knowledge of the history of medicine as developed in the West, a knowledge about the fundamentals of medicine, in general, its scope and subject-matter would prepare the student to assess rightly the place of Homœopathy in all its aspects in the field of medicine.

### **The Study of Hahnemann's Life and Works.**

The story of Hahnemann's life is the story of origin, development and spread of the principles and practice of Homœopathy. The study of Homœopathy and *Organon* is never complete and critical enough without the study of the life-activities of its founder, a scientist and an artist of the first water.

Unless the students have their mind trained in the aforesaid manner they will not be "*adhikaris*" (in the real Indian sense of the term) *i.e.*, fit recipients of the teachings of *Organon*. In writing this critical exposition of *Organon* it is our aim and desire to turn out Homœopathic physicians who will never practice the art of Homœopathy without paying heed to the principles underlying it; and to make the study of *Organon* interesting and profitable in the practice of Homœopathy and finally, to make the students conversant with the secrets of success of our great Master.

### **ORGANON.**

Since Hahnemann came across with Cullen's remarks on the curative power of Cinchona-bark in marsh-ague and struck upon the idea of testing its positive effects on himself he was surprised to note the similarity of symptoms of ague with that produced by the Cinchona-bark. He formed a tentative hypothesis in his mind that the specific curative power of a drug lies in its power of producing similar symptoms in a healthy individual *i.e.*, the drugs have sick-making as well as sick-curing properties, the sickness being the same. For corroboration of his provisional theory he searched the records of the *Materia Medica* of his time and found that nearly all the so-called specific cures were effected by drugs which produced similar symptoms in the healthy human beings. This was in 1790. For six years thence he continued his researches and experiments till in 1796 he was in a position to write about fifty-drugs (which specifically cured the diseased conditions the similar pictures of which they produced when administered to healthy individuals) and suggested a new way of ascertaining the specific curative

powers of a drug. It was published as an article in Hufeland's journal with the title "An Essay on a New Principle for Ascertaining the Curative Powers of Drugs." Hahnemann started to prescribe medicines on the symptoms similarity basis. Here he was confronted with great difficulties as there was no sufficient and individualising records of positive effects of drugs. As he was his own Columbus and his own Magellan he began to prove "medicines" on himself and other healthy volunteers and thus gradually a novel kind of *Materia Medica* was being built up. His attitude towards diseases, drug-actions, the method of testing their positive effects on men and the relation between disease-phenomena and drug-phenomena and the mode of application and preparation of drugs—began to take definite shape; and he felt the need of systematising his thoughts and communicating them to his brother-physicians. His articles *viz.*, *Medicine of Experience*, and other articles referred to before paved the way for publishing his 'magnum opus'—"Organon of the Rational Art of Healing" in 1810. The book is Hahnemann's exposition and vindication of his therapeutic method.

The book is written in an aphoristic style (according to the custom of those days); but there is a continuity and logical sequence of thoughts underlying the sections contained in the book. A careful perusal of the aphorisms reveals to us a Ground Plan of the whole book, a consideration of which is very helpful to master this great work. The book went through five editions during the author's life and the manuscripts of the Sixth edition was left ready by the Master in 1842, shortly before his death but it did not see the light of the day till December 1921. It shows that Hahnemann worked on it till his very end and spared no pains to give his ideas and experiences as perfect an expression in language as lay in his power. He was a born searcher for truth and was always ready to modify his ideas to suit the facts and never tried to distort the facts to accommodate them to his theories. He had no hesitation of publicly acknowledging his errors or retracting his previous opinions if factual experience proved otherwise. In the sixth edition he completed a thorough revision of the book by carefully going over paragraph by paragraph, making changes, erasures, annotations and additions but the original ground-plan remained intact. Thus Homœopathy, like the candlestick of the Hebrew tabernacle, has been shaped by hammering, not by casting—as was aptly remarked by Dr. Hughes of England.



## THE GROUND PLAN OF ORGANON.

Organon consists of 291 aphorisms in the sixth and the last posthumous edition ; whereas the fifth edition contained 294 aphorisms. The book can be divided mainly in two parts : the Doctrinal part (Sec. 1—71) and the Practical part (72—291).

### The doctrinal part deals with the following items :

- (1) The knowledge of diseases—which supplies the indications (Sec. 5—18).
- (2) The knowledge of medicine—which supplies the instruments (Sec. 18—27).
- (3) The knowledge how to choose and administer the remedy—which is the thing indicated (Sec. 28—69).

Secs. 1—70 deal with Hahnemann's attitude towards diseases, drug-actions and the selection and administration of remedies. Hahnemann did neither theorise about the essential nature of diseases and drugs nor speculate over the "modus operandi" of drugs in their sick-making or sick-curing aspects. He just discussed the perceptible aspects of diseases and drugs which will be most suited for the purpose of treating the sick. He poses three questions and answers them in this way, *e.g.*, what is curable in diseases (non-surgical) ? ; and how to adapt, according to clearly defined principles, what is curative in medicines to what the physician has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue ?—The answer to these queries fill up the first part, the doctrinal part of the book. He summarises his conclusions in Sec. 70.

### The practical part of the book deals with the following items :

1. How is the physician to ascertain what is necessary to be known in order to cure the disease ? (Sec. 72—104)

Here he gives the justifications for dividing diseases into acute and chronic diseases and outlines the method of case-taking from an individualistic outlook.

2. How is he to gain a knowledge of the instruments adaptable to the cure of the natural disease, the pathogenetic powers of the medicine ? (Sec. 105—145).

Here he gives the rules for proving of medicines upon the healthy human beings. The first seeds of Experimental Pharmacology were

sown by Hahnemann. Drugs were to be studied from individualistic standpoint *i.e.*, from the standpoint from which the sick individuals were to be studied.

3. What is the most suitable method of employing these artificial morbidic agents (medicines) for the cure of natural diseases? (Sec. 146—285).

**The items can be subdivided into two parts :**

- (a) Sec. 146—263—Selection and mode of administration of remedies are dealt with.
- (b) Sec. 264—285—Homœopathic Pharmacy and Theory of dynamization of drugs are discussed. Here he gives rules for determination of similarity between the natural disease phenomena and artificial disease phenomena produced by drugs on the healthy individuals, the choice and repetition of the dose, the preparation of drugs, the diet and regimen to be followed.

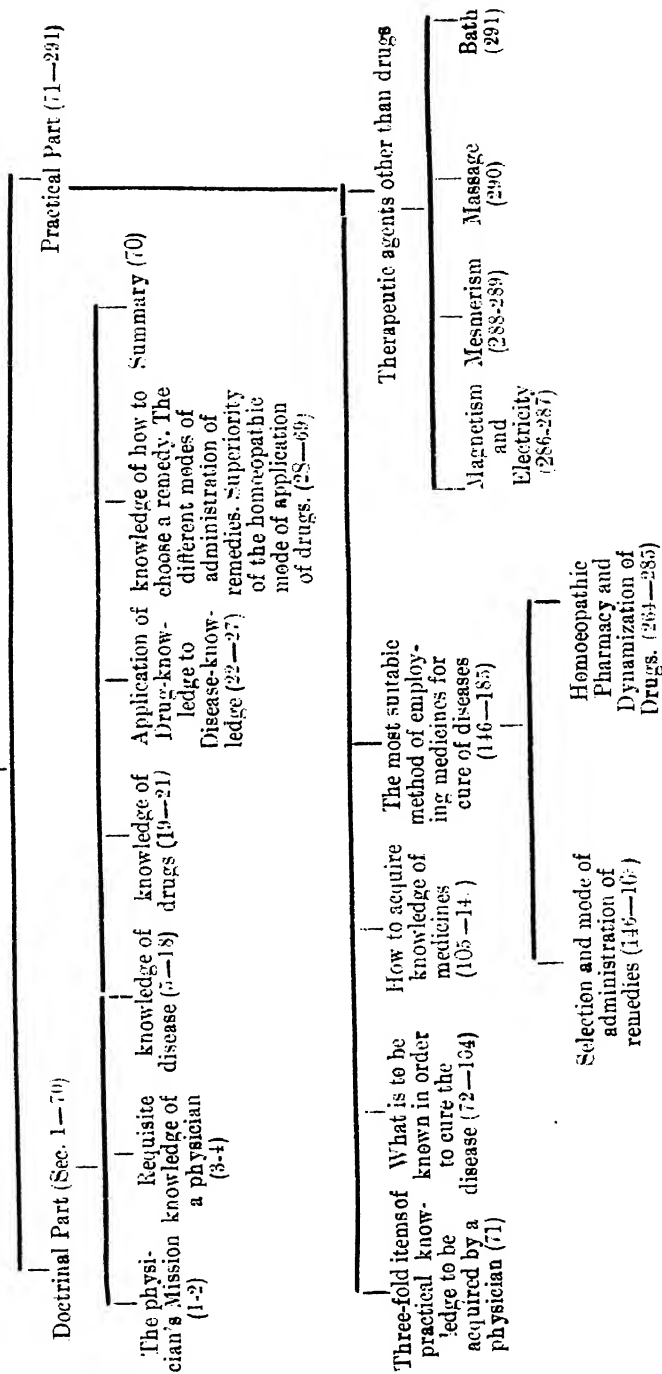
4. Hahnemann discusses the utility of therapeutic agents other than drugs (Sec. 286—291).

- (a) Magnetism and Electricity (Sec. 286-287).
- (b) Mesmerism (Sec. 288-289).
- (c) Massage (Sec. 290).
- (d) Bath (Sec. 291).

Thus it is found that Hahnemann wanted to cover the whole field of medicine and intended that any physician wanting to practice the healing art should possess the knowledge of what he considered to be fundamentals of medicine which were systematised by him in his *Organon*. He wrote the book for the medical profession but circumstances developed to widen the gulf between his followers and those of the orthodox school. So it is a pity that *Organon* came to be studied by the homœopaths only. The tide seems to be turning now as we find Kenneth Walker, M.B., F.R.C.S., a Harley St. specialist writing in his book "Diagnosis of Man" thus : "An allopathic doctor can, if he retains an open mind, learn much from a homœopathist". Founded originally as a protest against the materialism of the 19th century medicine, homœopathy has avoided some of the errors into which the allopathic school of medicine has fallen (pp. 44, *Diagnosis of Man*).

A schematic chart is given in the next page for ready reference :

ORGANON (SECS. 1-291)



### A Note on the Title of the Book.

In the first edition Hahnemann named his book "Organon of the Rational Medical Sciences" (according to Hughes) and put on the top of the aphorisms the title "Organon of the Rational Art of Healing, According to the Laws of Homœopathy"; but from the second edition onward the title was changed to "Organon of the healing Art" (according to the translation of Hughes or Wheeler) and the same title was put on the top of the aphorisms. The 'omission' of the word "Rational" and change of "Medical Science" (Heilkunde) to "Healing Art" (Heilkunst)—a change which was overlooked by Dudgeon also—provided ample food for the opponents and critics of Hahnemann. But this shows that Hahnemann considered medicine more as an art than science of healing and this was his view for the rest of his life. Though he was a profound scholar of philosophy (as is evident from his letter to Mr. Von Villers, dated January 30th, 1811. Vide pp. 387 Vol II. Hahle's Life of Hahnemann) he did not subscribe to the idea of Hegel that "all that is rational is real and all that is real must be rational." Life, Mind and Matter and in fact existence itself is too profound and mysterious to be intelligently grasped by human reason and to yield to complete scientific study. So Hughes' explanation to this matter seems to us to be very plausible: "Hahnemann was seeking not the consistency of a theory but the success of a practical art: to him it mattered little whether a thing commended itself or not to the speculative reason, his one concern was that it should be true".

Another point to be noted is the motto from the poet Gellert which he affixed on the title page of his first edition, the English version of which runs thus,

"The truth we mortals need  
Us blest to make and keep  
The All-wise slightly cover'd over,  
But did not bury deep.

These couplets give an indication of the trend of Hahnemann's mind. Clinical observations which are too common-place to be scientific, which were too near the eyes of a physician from time immemorial to escape their notice, were taken recourse to by Hahnemann to turn it for the first time into practical applicability in discovering a Law of cure. He was aware of the limitations of human mind; but out of his great love for and faith in God he could not compromise

himself to the fact that human beings are really helpless to find a way to treat illness though the secrets of life, health and disease remain unknown to them. And illumination came upon him to realise the potentialities of clinical aspect of natural and artificial diseases (*i.e.*, produced by drugs).

Even Hufeland thought that should Hahnemann's method succeed the physicians would no longer strive to cultivate the scientific aspect of Medicine *i.e.*, his method would prove to be "a grave of science"; for "science, as such" writes Hughes, "has no existence here—it dies, and is buried. But its corpse enriches the ground which covers it, and thereon grass springs up and fruits ripen for practical use".

This motto was changed in later editions by the words "Aude Sapere" which means "dare to be wise". Hahnemann realised the danger to be wise and to speak the truth when that truth was not a current coin in the society. Socrates was made to drink Hemlock because he dared speak the truth; Christ was crucified because of his attempt to preach the truth; and history records the tragic ends of many a great and noble soul who were possessed with this "Divine discontent" and dared to be wise. Fully realising the consequences Hahnemann still stuck to his gun and in order to impress the example of a truth-seeker on the minds of the readers of his book he took up this motto and retained it right up to his sixth edition of this masterpiece which goes by the name of "*ORGANON*".

# ·ORGANON OF MEDICINE.<sup>(a)</sup>

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## § 1.<sup>(a)</sup>

THE physician's high and *only* mission is to restore the sick to health, to cure, as it is termed.<sup>1</sup>

The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles.<sup>(a)</sup>

## § 3.

If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease, indication*), if he clearly

<sup>1</sup> His mission is not, however, to construct so-called systems, by interweaving empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of the organism (whereon so many physicians have hitherto ambitiously wasted their talents and their time); nor is it to attempt to give countless explanations regarding the phenomena in diseases and their proximate cause (which must ever remain concealed), wrapped in unintelligible words and an inflated abstract mode of expression, which should sound very learned in order to astonish the ignorant—whilst sick humanity sighs in vain for aid. Of such learned reveries (to which the name of *theoretic medicine* is given, and for which special professorships are instituted) we have had quite enough, and it is now high time that all who call themselves physicians should at length cease to deceive suffering mankind with mere talk, and *begin* now, instead, for once to *act*, that is, really to help and to cure.

perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medicinal powers*), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (*choice of the remedy, the medicine indicated*), as also in respect to the exact mode of preparation and quantity of it required (*proper dose*), and the proper period for repeating the dose;—if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent: *then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.*<sup>(a)</sup>

#### § 4.

He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health.<sup>(a)</sup>

#### § 5.

Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its *fundamental cause*, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, &c., are to be taken into consideration.<sup>(a)</sup>

#### § 6.

The unprejudiced observer—well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration

ever so great, takes note of nothing in every individual disease except the changes in the health of the body and of the mind (*morbil phenomena, accidents, symptoms*) which can be perceived externally by means of the senses ; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease <sup>1</sup>.)

### § 7.

Now, as in a disease, from which no manifest exciting or maintaining cause (*causa occasionalis*) has to be removed.<sup>2</sup>

<sup>1</sup> I know not, therefore, how it was possible for physicians at the sick-bed to allow themselves to suppose that, without most carefully attending to the symptoms and being guided by them in the treatment, they ought to seek and could discover, only in the hidden and unknown interior, what there was to be cured in the disease, arrogantly and ludicrously pretending that they could, without paying much attention to the symptoms, discover the alteration that had occurred in the invisible interior, and set it to right with (unknown!) medicines, and that such a procedure as this could alone be called radical and rational treatment.

Is not, then, that which is cognizable by the senses in diseases through the phenomena it displays, the disease itself in the eyes of the physician, since he never can see the spiritual being that produces the disease, the vital force ? nor is it necessary that he should see it, but only that he should ascertain its morbid actions, in order that he may thereby be enabled to cure the disease. What else will the old school search for in the hidden interior of the organism, as a *prima causa morbi*, whilst they reject as an object of cure and contemptuously despise the sensible and manifest representation of the disease, the symptoms, that so plainly address themselves to us ? What else do they wish to cure in disease, but these ?\*

<sup>2</sup> It is not necessary to say that every intelligent physician would first remove this where it exists ; the indisposition thereupon generally ceases spontaneously. He will remove from the room strong-smelling flowers, which have a tendency to cause syncope and hysterical sufferings ; extract from the cornea the foreign body that excites inflammation of the eye ; loosen

\* "The physician whose researches are directed towards the hidden relations in the interior of the organism, may daily err ; but the homœopathist who grasp with requisite carefulness the whole groups of symptoms, possesses a sure guide ; and if he succeed in removing the whole group of symptoms he has likewise most assuredly destroyed the internal, hidden cause of the disease" (RAU, op. cit., p. 103).



we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances, § 5) be the symptoms alone by which the disease demands and points to the remedy suited to relieve it—and, moreover, the totality of these its symptoms, *of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force,*<sup>(a)</sup> must be the principal, or the sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate remedy—and thus, in a word, the totality<sup>1</sup> of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to *remove* by means of his art, in order that it shall be cured and transformed into health <sup>(a)</sup>

#### § 8.

It is not conceivable, nor can it be proved by any experience in the world, that, after removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the

the over-tight bandage on a wounded limb that threatens to cause mortification, and apply a more suitable one. lay bare and put a ligature on the wounded artery that produces fainting ; endeavour to promote the expulsion by vomiting of belladonna berries, &c., that may have been swallowed ; extract foreign substances that may have got into the orifices of the body (the nose, gullet, ears, urethra, rectum, vagina) ; crush the vesical calculus ; open the imperforate anus of the new-born infant, &c.

<sup>1</sup> In all times, the old school physicians, not knowing how else to give relief, have sought to combat and if possible to suppress by medicines, here and there, a *single* symptom from among a number in diseases — a *one-sided* procedure, which, under the name of *symptomatic treatment*, has justly excited universal contempt, because by it, not only was nothing gained, but much harm was inflicted. A single one of the symptoms present is no more the disease itself than a single foot is the man himself. This procedure was so much the more reprehensible, that such a single symptom was only treated by an antagonistic remedy (therefore only in an enantiopathic and palliative manner), whereby, after a slight alleviation, it was subsequently only rendered all the worse.

morbid alteration in the interior could remain uneradicated.<sup>1</sup>

§ 9.<sup>(a)</sup>

In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.

§ 10.

The material organism, without the vital force, is capable of no sensation, no function, no self-preservation;<sup>2</sup> it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital force\*) which animates the material organism in health and in disease.

§ 11.

When a person falls ill. it is only this spiritual, self-

<sup>1</sup> (a) When a patient has been cured of his disease by a true physician, in such a manner that no trace of the disease, no morbid symptom, remains, and all the signs of health have permanently returned, how can anyone, without offering an insult to common sense, affirm that in such an individual the whole bodily disease still remains in the interior? And yet the chief of the old school, Hufeland, asserts this in the following words: "Homœopathy can remove the symptoms, but the disease remains." (Vide *Homœopathie*, p. 27, 1, 19.). This he maintains partly from mortification at the progress made by homœopathy to the benefit of mankind, partly because he still holds thoroughly material notions respecting disease, which he is still unable to regard as a state of being of the organism wherein it is dynamically altered by the morbidly deranged vital force, as an altered state of health, but he views the disease as a *something material*, which after the cure is completed, may still remain lurking in some corner in the interior of the body, in order, some day during the most vigorous health, to burst forth at its pleasure with its material presence! So dreadful is still the blindness of the old pathology! No wonder that it could only produce a system of therapeutics which is solely occupied with scouring out the poor patient.

<sup>2</sup> It is dead, and now only subject to the power of the external physical world; it decays, and is again resolved into its chemical constituents.

\* In the sixth edition the word 'force' is replaced by 'principle.'

acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by *morbid symptoms*, and in no other way can it make itself known.\*

## § 12

It is the morbidly affected vital force alone that produces diseases,<sup>1</sup> so that the morbid phenomena perceptible to our senses express at the same time all the internal change, that is to say, the whole morbid derangement of the internal dynamis; in a word, they reveal the whole disease; consequently, also, the disappearance under treatment of all the morbid phenomena and of all the morbid alterations that differ from the healthy vital operations, certainly affects and necessarily implies the restoration of the integrity of the vital force and, therefore, the recovered health of the whole organism.

## § 13.

Therefore disease (that does not come within the province of manual surgery) considered, as it is by the allopathists, as a thing separate from the living whole, from the organism and its animating vital force, and hidden in the interior, be it of ever so subtle a character, is an absurdity, that could only be imagined by minds of a

\* A long foot-note appears in the Sixth Edition about what is dynamic influence—dynamic power.

<sup>1</sup> *How* the vital force causes the organism to display morbid phenomena, that is, *how* it produces disease, it would be of no practical utility to the physician to know, and therefore it will forever remain concealed from him; only what it is necessary for him to know of the disease and what is fully sufficient for enabling him to cure it, has the Lord of life revealed to his senses.

materialistic stamp and has for thousands of years given to the prevailing system of medicine all those pernicious impulses that have made it a truly mischievous [non-healing] art.

14.

There is, in the interior of man, nothing morbid that is curable and no invisible morbid alteration that is curable which does not make itself known to the accurately observing physicians by means of morbid signs and symptoms—an arrangement in perfect conformity with the infinite goodness of the all-wise Preserver of human life.

§ 15.

The affection of the morbidly, deranged, spirit-like dynamis (vital force) that animates our body in the invisible interior, and the totality of the outwardly cognizable symptoms produced by it in the organism and representing the existing malady, constitute a whole; they are one and the same. The organism is indeed the material instrument of the life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating vital force (just as the vital force is not conceivable without the organism), consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct conceptions for the sake of facilitating the comprehension of it.

§ 16.

Our vital force, as spirit-like dynamis, cannot be attacked and affected by injurious influences on the healthy organism caused by the external inimical forces that disturb the harmonious play of life, otherwise than in a spirit-like (dynamic) way, and in like manner, all such morbid derangements (disease) cannot be removed from it by the physician in any other way than by the spirit-like (dynamic, virtual) alterative powers of the

serviceable medicines acting upon our spirit-like vital force, which perceives them through the medium of the sentient faculty of the nerves everywhere present in the organism, so that it is only by their dynamic action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony, after the changes in the health of the patient cognizable by our senses (the totality of the symptoms) have revealed the disease to the carefully observing and investigating physician as fully as was requisite in order to enable him to cure it.

### § 17.

Now, as in the cure effected by the removal of the whole of the perceptible signs and symptoms of the disease the internal alteration of the vital force to which the disease is due—consequently the whole of the disease—is at the same time removed,<sup>1</sup> it follows that the physician has only to remove the whole of the symptoms in order, at the same time, to abrogate and annihilate the internal change, that is to say, the morbid derangement of the vital force—consequently the totality of the disease, the *disease itself*.<sup>2</sup> But when the disease is annihilated the

<sup>1</sup> A warning dream, a superstitious fancy, or a solemn prediction that death would occur at a certain day or at a certain hour, has not unfrequently produced all the signs of commencing and increasing disease, of approaching death and death itself at the hour announced, which could not happen without the simultaneous production of the inward change (corresponding to the state observed externally); and hence in such cases all the morbid signs indicative of approaching death have frequently been dissipated by an identical cause, by some cunning deception or persuasion to a belief in the contrary, and health suddenly restored, which could not have happened without the removal, by means of this moral remedy, of the internal and external morbid change that threatened death.

<sup>2</sup> It is only thus that God, the Preserver of mankind, could reveal His wisdom and goodness in reference to the cure of the disease to which man is liable here below, by showing to the physician what he had to remove in diseases in order to annihilate them and thus re-establish health. But what would we think of His wisdom and goodness if He had shrouded in mysterious obscurity that which was to be cured in diseases (as is asserted by the dominant school of medicine, which affects to possess a supernatural insight into the inner nature of things), and shut it up in the hidden interior, and thus rendered it impossible for man to know the malady accurately, consequently impossible for him to cure it?

health is restored, and this is the highest, the sole aim of the physician who knows the true object of his mission, which consists not in learned-sounding prating, but in giving aid to the sick <sup>(a)</sup>

### § 18.

From this indubitable truth, that besides the totality of the symptoms nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be the *sole indication*, the sole guide to direct us in the choice of a remedy.

### § 19.

Now, as *diseases* are nothing more than *alterations in the state of health of the healthy individual* which express themselves by morbid signs, and the *cure* is also only possible by a *change to the healthy condition of the state of health of the diseased individual*, it is very evident that *medicines* could never cure diseases if they did not possess the power of altering man's state of health which depends on sensations and functions; indeed, that their curative power must be owing *solely* to this power they possess of altering man's state of health.

### § 20.<sup>(a)</sup>

This spirit-like power to alter man's state of health (and hence to cure diseases) which lies hidden in the inner nature of medicines can never be discovered by us by a mere effort of reason; it is only by experience of the phenomena it displays when acting on the state of health of man that we can become clearly cognizant of it.

### § 21.

Now, as it is undeniable that the curative principle in medicines is not in itself perceptible, and as in pure experiments with medicines conducted by the most accurate observers, nothing can be observed that can constitute

them medicines or remedies except that power of causing distinct alterations in the state of health of the human body, and particularly in that of the *healthy individual*, and of exciting in him various definite morbid symptoms ; so it follows that when medicines act as remedies, they can only bring their curative property into play by means of this their power of altering man's state of health by the production of peculiar symptoms ; and that, therefore, we have only to rely on the morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their in-dwelling curative power, in order to learn what disease-producing power, and at the same time what disease-curing power, each individual medicine possesses.

§ 22.

But as nothing is to be observed in diseases that must be removed in order to change them into health besides the totality of their signs and symptoms, and likewise medicines can show nothing curative besides their tendency to produce morbid symptoms in healthy persons<sup>(a)</sup> and to remove them in diseased persons ; it follows, on the one hand, that medicines only become remedies and capable of annihilating diseases, because the medicinal substance, by exciting certain effects and symptoms, that is to say, by producing a certain artificial morbid state, removes and abrogates the symptoms already present, to wit, the natural morbid state we wish to cure. On the other hand, it follows that, for the totality of the symptoms of the disease to be cured, a medicine must be sought which (according as experience shall prove whether the morbid symptoms are most readily, certainly, and permanently removed and changed into health by similar or opposite medicinal symptoms<sup>1</sup>) has a tendency to produce similar or opposite symptoms.

<sup>1</sup> The other possible mode of employing medicines for diseases besides these two (the *allopathic method*), in which medicines are given, whose symptoms have no direct pathological relation to the morbid state, consequently are neither similar nor opposite, but quite heterogeneous to the symptoms of

## § 23

All pure experience, however, and all accurate research convince us that persistent symptoms of disease are far from being removed and annihilated by *opposite* symptoms of medicines (as in the *antipathic*, *enantipathic* or *palliative* method), that on the contrary, after transient, apparent alleviation, they break forth again, only with increased intensity, and become manifestly aggravated (see §§ 58—62 and 69).

## § 24.

There remains, therefore, no other mode of employing medicines in diseases that promises to be of service besides the homœopathic, by means of which we seek, for the totality of the symptoms of the case of disease, a medicine which among all medicines (whose pathogenetic effects are known from having been tested in healthy individuals) has the power and the tendency to produce an artificial morbid state most similar to that of the case of disease in question.

§ 25.<sup>(a)</sup>

Now, however, in all careful trials, pure experience,<sup>1</sup> the sole and infallible oracle of the healing art, teaches

the disease\*, is, as shown above, in the *Introduction* (*Review of the therapeutics, allopathy and palliative treatment that have hitherto been practised in the old school of medicine*), merely an imperfect and injurious imitation of the extremely imperfect efforts of the unintelligent, merely instinctive vital force, which, when made ill by noxious agents, strives to save itself at whatever sacrifice by the production and continuance of morbid irritation in the organism—an imitation, consequently, of the crude vital force which was implanted in our organism in order to preserve our life in health, in the most beautiful harmony; but when deranged by disease, was so constituted as to admit of being again changed to health (homœopathically) by the intelligent physician, but not to cure itself, for which the little power it possesses is so far from being a pattern to be copied that all the changes and symptoms it produces in the (morbidly deranged) organism are just the disease itself. But this injudicious system of therapeutics of the old school of medicine can no more be passed by unnoticed than can history omit to record the thousands of years of oppression to which mankind has been subjected under the irrational, despotic Governments.

<sup>1</sup> I do not mean that sort of experience of which the ordinary practitioners

\* In the sixth edition the remaining portion of this foot-note is re-written by Hahnemann.



us that actually that medicine which, in its action on the healthy human body, has demonstrated its power of producing the greatest number of symptoms *similar* to those observable in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically and permanently remove the totality of the symptoms of this morbid state, that is to say (§§ 6—16), the whole disease present, and change it into health ; and that all medicines cure, without exception, those diseases whose symptoms most nearly resemble their own, and leave none of them uncured.

### § 26.<sup>(a)</sup>

This depends on the following homœopathic law of nature which was sometimes, indeed, vaguely surmised but not hitherto fully recognised; and to which is due every real cure that has ever taken place :

*A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations.*<sup>1</sup>

of the old school boast, after they have for years worked away with a lot of complex prescriptions on a number of diseases which they never carefully investigated, but which, faithful to the tenets of their school, they considered as already described in works of systematic pathology, and dreamed that they could detect in them some imaginary morbid matter, or ascribed to them some other hypothetical internal abnormality. They always saw something in them, but knew not what it was they saw, and they got results, from the complex forces acting on an unknown object, that no human being but only a God could have unravelled—results from which nothing can be learned, no experience gained. Fifty years' experience of this sort is like fifty years of looking into a kaleidoscope filled with unknown coloured objects, and perpetually turning round ; thousands of ever-changing figures and no accounting for them !

<sup>1</sup> Thus are cured both physical affections and moral maladies.(a) How is it that in the early dawn the brilliant Jupiter vanishes from the gaze of the beholder ? By a stronger very similar power acting on his optic nerve, the brightness of approaching day ! —In situations replete with fœtid odours, wherewith is it usual to soothe effectually the offended olfactory nerves ? With snuff, that affects the sense of smell in a similar but stronger manner ! No music, no sugared cake, which act on the nerves of other senses, can cure this olfactory disgust. How does the soldier cunningly stifle the piteous cries of him who runs the gauntlet from the ears of the compassionate bystanders ?

§ 27.<sup>(a)</sup>

The curative power of medicines, therefore, depends on their symptoms similar to the disease but superior to it in strength (§§ 12—26), so that each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease.

## § 28.

As this natural law of cure manifests itself in every pure experiment and every true observation in the world, the fact is consequently established; it matters little what may be the scientific explanation of *how it takes place*; and I do not attach much importance to the attempts made to explain it. But the following view seems to commend itself as the most probable one, as it is founded on premises derived from experience.<sup>(a)</sup>

## § 29.

*As every disease (not strictly belonging to the domain of surgery) depends only on a peculiar morbid derangement of our vital force in sensations and functions, when a homœopathic cure of the vital force deranged by natural disease is accomplished by the administration of a medicinal*

By the shrill notes of the fife commingled with the roll of the noisy drum ! And the distant roar of the enemy's cannon that inspires his army with fear ? By the loud boom of the big drum ! For neither the one nor the other would the distribution of a brilliant piece of uniform nor a reprimand to the regiment suffice.—In like manner, mourning and sorrow will be effaced from the mind by the account of another and still greater cause for sorrow happening to another, even though it be a mere fiction. The injurious consequences of too great joy will be removed by drinking coffee, which produces an excessively joyous state of mind. Nations like the Germans, who have for centuries been gradually sinking deeper and deeper in soulless apathy and degrading serfdom, must first be trodden still deeper in the dust by the Western Conqueror, until their situation become intolerable ; their mean opinion of themselves was thereby overstrained and removed ; they again became alive to their dignity as men, and then, for the first time, they raised their heads as Germans.

*agent selected on account of an accurate similarity of symptoms, a somewhat stronger, similar, artificial morbid affection is brought into contact with and, as it were, pushed into the place of the weaker, similar, natural morbid irritation, against which the instinctive vital force, now merely (though in a stronger degree) medicinally diseased, is then compelled to direct an increased amount of energy, but, on account of the shorter duration of the action<sup>1</sup> of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the substituted artificial (medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism.<sup>(a)</sup> \** This highly probable explanation of the process rests on the following axioms.

### § 30.

The human body appears to admit of being much more powerfully affected in its health by medicines (partly because we have the regulation of the dose in our own power) than by natural morbid stimuli—for natural diseases are cured and overcome by suitable medicines.

### § 31.

The inimical forces, partly psychical, partly physical, to which our terrestrial existence is exposed, which are

<sup>1</sup> The short duration of the action of the artificial morbid forces, which we term medicines, makes it possible that, although they are stronger than the natural diseases, they can yet be much easily overcome by the vital force than can the weaker natural diseases, which, solely in consequence of the longer, generally lifelong, duration of their action (psora syphilis, sycosis), can never be vanquished and extinguished by it alone, until the physician affects the vital force in a stronger manner by an agent that produces a disease very similar, but stronger, to wit a homœopathic medicine, which, when taken (or smelt), is, as it were, forced upon the unintelligent, instinctive vital force, and substituted in the place of the former natural morbid affection, by which means the vital force then remains merely medicinally ill, but only for a short time, because the action of the medicine (the time in which the medicinal disease excited by it run its course) does not last long. The cures of diseases of many year's duration (§ 46), by the occurrence of small-pox and measles (both of which run a course of only a few weeks), are processes of a similar character. (a)

\* This portion is re-written in the sixth edition. The mention of vital energy of "the principle of life" is to be especially noted,

termed morbidic noxious agents, do not possess the power of morbidly deranging the health of man unconditionally<sup>1</sup>; but we are made ill by them only when our organism is sufficiently disposed and susceptible to the attack of the morbidic cause that may be present, and to be altered in its health, deranged and made to undergo abnormal sensations and functions—hence they do not produce disease in every one nor at all times.

### § 32.

But it is quite otherwise with the artificial morbidic agents which we term medicines. Every real medicine, namely, acts at *all* times, under *all* circumstances, on *every* living human being, and produces in him its peculiar symptoms (distinctly perceptible, if the dose be large enough), so that evidently every living human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at all times, and absolutely (*unconditionally*), which, as before said, is by no means the case with the natural diseases.

### § 33.

In accordance with this fact, it is undeniably shown by all experience<sup>2</sup> that the living human organism is much more disposed and has a greater liability to be acted on, and to have its health deranged by medicinal

<sup>1</sup> When I call disease a *derangement* of man's state of health, I am far from wishing thereby to give a hyperphysical explanation of the internal nature of diseases generally, or of any case of disease in particular. It is only intended by this expression to intimate, what it can be proved diseases are *not* and *cannot be*, that they are not mechanical or chemical alterations of the material substance of the body, and not dependent on a material morbidic substance, but that they are merely spiritual dynamic derangements of the life.

<sup>2</sup> A striking fact in corroboration of this is, that whilst previously to the year 1801 when the smooth scarlatina of Sydenham still occasionally prevailed epidemically among children, it attacked without exception all children who had escaped it in a former epidemic; in a similar epidemic which I witnessed in Königslutter on the contrary, *all* the children who took in time a very small dose of belladonna remained unaffected by this highly infectious infantile disease. If medicines can protect from a disease that is raging around, they must possess a vastly superior power of affecting our vital force.

powers, than by morbidic noxious agents and infectious miasms, or, in other words, *that the morbidic noxious agents possess a power of morbidly deranging man's health that is subordinate and conditional, often very conditional; whilst medicinal agents have an absolute unconditional power, greatly superior to the former.*

#### § 34.

The greater strength of the artificial diseases producible by medicines is, however not the sole cause of their power to cure natural diseases. In order that they may effect a cure, it is before all things requisite that they should be capable of producing in the human body *an artificial disease as similar as possible* to the disease to be cured, in order, by means of this similarity, conjoined with its somewhat greater strength, to substitute themselves for the natural morbid affection, and thereby deprive the latter of all influence upon the vital force. This is so true, that no previously existing disease can be cured, even by Nature herself, by the accession of a new *dissimilar* disease, be it ever so strong, and just as little can it be cured by medical treatment with drugs which are incapable of producing a *similar* morbid condition in the healthy body.

#### § 35.

In order to illustrate this, we shall consider in three different cases, as well what happens in nature when two dissimilar natural diseases meet together in one person, as also the result of the ordinary medical treatment of diseases with unsuitable allopathic drugs, which are incapable of producing an artificial morbid condition similar to the disease to be cured, whereby it will appear that even Nature herself is unable to remove a dissimilar disease already present by one that is unhomœopathic, even though it be stronger, and just as little is the unhomœopathic employment of even the strongest medicines ever capable of curing any disease whatsoever.

## § 36.

I. If the two *dissimilar* diseases meeting together in the human being be of equal strength, or still more if the *older one be the stronger*, the new disease will be repelled by the old one from the body and not allowed to affect it. A patient suffering from a severe chronic disease will not be infected by a moderate autumnal dysentery or other epidemic disease. The plague of the Levant, according to Larry,<sup>1</sup> does not break out where scurvy is prevalent, and persons suffering from eczema are not infected by it. Rachitis, Jenner alleges, prevents vaccination from taking effect. Those suffering from pulmonary consumption are not liable to be attacked by epidemic fevers of a not very violent character, according to Von Hildenbrand.

## § 37.

So, also, *under ordinary medical treatment*, an old chronic disease remains uncured and unaltered if it is treated according to the common *allopathic* method, that is to say, with medicines that are incapable of producing in healthy individuals a state of health similar to the disease, even though the treatment should last for years and is not of too violent character. This is daily witnessed in practice, it is therefore unnecessary to give any illustrative examples.

§ 38.<sup>(a)</sup>

II. Or *the new dissimilar disease is the stronger*. In this case the disease under which the patient originally laboured, being the weaker, will be kept back and suspended by the accession of the stronger one, until the latter shall have run its course or been cured, and then the old one reappears *uncured*. Two children affected with a kind of epilepsy remained free from epileptic attacks after infection with ringworm (*tinea*); but as soon as the eruption on the head was gone the epilepsy

<sup>1</sup> "Mémoires et Observations," in the *Description de l'Égypte*, tom. i.

returned just as before, as 'Tulpius'<sup>1</sup> observed. The itch, as Schöpf<sup>2</sup> saw, disappeared on the occurrence of the scurvy, but after the cure of the latter it again broke out. So also the pulmonary phthisis remained stationary when the patient was attacked by violent typhus, but went on again after the latter had run its course.<sup>3</sup> If mania occur in a consumptive patient, the phthisis with all its symptoms is removed by the former; but if that go off, the phthisis returns immediately and proves fatal.<sup>4</sup> When measles and smallpox are prevalent at the same time, and both attack the same child, the measles that had already broken out is generally checked by the smallpox that came somewhat later; nor does the measles resume its course until after the cure of the smallpox; but it not infrequently happens that the inoculated smallpox is suspended for four days by the supervention of the measles, as observed by Mangot,<sup>5</sup> after the desquamation of which the smallpox completes its course. Even when the inoculation of the smallpox had taken effect for six days, and the measles then broke out, the inflammation of the inoculation remained stationary and the smallpox did not ensue until the measles had completed its regular course of seven days.<sup>6</sup> In an epidemic of measles, that disease attacked many individuals on the fourth or fifth day after the inoculation of smallpox and prevented the development of the smallpox until it had completed its own course, whereupon the smallpox appeared and proceeded regularly to its termination.<sup>7</sup> The true, smooth, erysipelatous-looking scarlatina of Sydenham,<sup>8</sup> with sore throat, was checked on the fourth

<sup>1</sup> *Obs.*, lib. i, obs. 8.

<sup>2</sup> In *Hufeland's Journal*, xv, 2.

<sup>3</sup> Chevalier, in *Hufeland's Nuesten Annalen der frankösichen Heilkunde*, ii, p. 192.

<sup>4</sup> *Mania phthisi superveniens eam cum omnibus suis phænomenis aufert, verum mox redit phthisis et occidit, abeunte mania.* Reil *Memorab.*, fasc. iii, v, p. 171.

<sup>5</sup> In the *Edinb. Med. Comment.*, pt., i, 1.

<sup>6</sup> John Hunter, *On the Venereal Disease*, p. 5.

<sup>7</sup> Rainey, in the *Edinb. Med. Comment.*, iii, p. 480.

<sup>8</sup> Very accurately described by Withering and Plenciz, but differing greatly

day by the eruption of cow-pox, which ran its regular course, and not till it was ended did the scarlatina again establish itself; but on another occasion, as both diseases seem to be of equal strength, the cow-pox was suspended on the eighth day by the supervention of the true, smooth scarlatina of Sydenham, and the red areola of the former disappeared until the scarlatina was gone, whereon the cow-pox immediately resumed its course, and went on to its regular termination.<sup>1</sup> The measles suspended the cow-pox; on the eighth day, when the cow-pox had nearly attained its climax, the measles broke out; the cow-pox now remained stationary, and did not resume and complete its course until the desquamation of the measles, had taken place, so that on the sixteenth day it presented the appearance it otherwise would have shown on the tenth day, as Kortum observed.<sup>2</sup>

Even after the measles had broken out the cow-pox inoculation took effect, but did not run its course until the measles had disappeared, as Kortum likewise witnessed.<sup>3</sup>

I myself saw the mumps (*angina parotidea*) immediately disappear when the cow-pox inoculation had taken effect and had nearly attained its height; it was not until the complete termination of the cow-pox and the disappearance of its red areola that this febrile tumefaction of the parotid and submaxillary glands, that is caused by a peculiar miasm, reappeared and ran its regular course of seven days.

*And thus it is with all dissimilar diseases; the stronger suspends the weaker (when they do not complicate one another, which is seldom the case with acute diseases), but they never cure one another.*

from the purpura (or Roodvonk), which is often erroneously denominated scarlet fever. It is only of late years that the two, which were originally very different diseases, have come to resemble each other in their symptoms.

<sup>1</sup> Jenner, in *Medicinische Annalen*, August, 1800, p. 747.

<sup>2</sup> In *Hufeland's Journal der praktischen Arzneikunde*, xx, 3, p. 50.

<sup>3</sup> *Loc. cit.*



§ 39.<sup>(a)</sup>

Now the adherents of the ordinary school of medicine saw all this for so many centuries ; they saw that Nature herself cannot cure any disease by the accession of another, be it ever so strong, if the new disease be *dissimilar* to that already present in the body. What shall we think of them, that they nevertheless went on treating chronic diseases with allopathic remedies, namely, with medicines and prescriptions capable of producing God knows what morbid state—almost invariably, however, one *dissimilar* to the disease to be cured ? And even though physicians did not hitherto observe nature attentively, the miserable results of their treatment should have taught them that they were pursuing an inappropriate, a false path. Did they not perceive when they employed, as was their custom, an aggressive allopathic treatment in a chronic disease, that thereby they only created an artificial disease *dissimilar* to the original one, which, as long as it was kept up, merely held in abeyance, merely suppressed, merely suspended the original disease, which latter, however, always returned, and must return, as soon as the diminished strength of the patient no longer admitted of a continuance of the allopathic attacks on the life ? Thus the itch exanthema certainly disappears very soon from the skin under the employment of violent purgatives, frequently repeated ; but when the patient can no longer stand the factitious (*dissimilar*) disease of the bowels, and can take no more purgatives, then either the cutaneous eruptions break out as before, or the internal psora displays itself in some bad symptom, and the patient, in addition to his undiminished original disease, has to endure the misery of a painful ruined digestion and impaired strength to boot. So, also, when the ordinary physicians keep up artificial ulcerations of the skin and issues on the exterior of the body, with the view of thereby eradicating a chronic disease, they can NEVER attain their object by so doing, they can NEVER cure them by that means, as such artificial cutaneous

ulcers are quite alien and allopathic to the internal affection; but inasmuch as the irritation produced by several tissues is at least sometimes a stronger (*dissimilar*) disease than the indwelling malady, the latter is thereby sometimes silenced and suspended for a week or two. But it is *only suspended*, and that for a very short time, whilst the patient's powers are gradually worn out. Epilepsy, suppressed for many years by means of issues, invariably recurred, and in an aggravated form, when they were allowed to heal up, as Pechlin<sup>1</sup> and others testify. But purgatives for itch, and issues for epilepsy, cannot be more heterogeneous, more dissimilar deranging agents—cannot be more allopathic, more exhausting modes of treatment—than are the customary prescriptions, composed of unknown ingredients, used in ordinary practice for the other nameless, innumerable forms of disease. These likewise do nothing but debilitate, and only suppress or suspend the malady for a short time without being able to cure it, and when used for a long time always add a new morbid state to the old disease.

## § 40.

III. Or *the new disease*, after having long acted on the organism, at length *joins the old one that is dissimilar to it*, and forms with it a *complex* disease, so that each of them occupies a particular locality in the organism, namely, the organs peculiarly adapted for it, and, as it were, only the place specially belonging to it, whilst it leaves the rest to the other disease that is dissimilar to it. Thus a syphilitic patient may become psoric, and *vice versa*. *As two diseases dissimilar to each other, they cannot remove, cannot cure one another*. At first the venereal symptoms are kept in abeyance and suspended when the psoric eruption begins to appear; in course of time, however (as the syphilis is at least as strong as the psora), the two join together,<sup>2</sup> that is, each involves those

<sup>1</sup> *Obs. phys. med.*, lib. ii, obs. 30.

<sup>2</sup> From careful experiments and cures of complex diseases of this kind, I

parts of the organism only which are most adapted for it, and the patient is thereby rendered more diseased and more difficult to cure.

When two dissimilar acute infectious diseases meet, as, for example, smallpox and measles, the one usually suspends the other, as has been before observed; yet there have also been severe epidemics of this kind, where, in rare cases, two dissimilar acute diseases occurred simultaneously in one and the same body, and for a short time combined, as it were, with each other. During an epidemic, in which smallpox and measles were prevalent at the same time, among three hundred cases (in which these diseases avoided or suspended one another, and the measles attacked patients twenty days after the smallpox broke out, the smallpox, however, from seventeen to eighteen days after the appearance of the measles, so that the first disease had previously completed its regular course) there was yet one single case in which P. Russell<sup>1</sup> met with both these dissimilar diseases in one person at the same time. Rainey<sup>2</sup> witnessed the simultaneous occurrence of smallpox and measles in two girls. J. Maurice,<sup>3</sup> in his whole practice, only observed two such cases. Similar cases are to be found in Ettmüller's works, and in the writings of a few others.

Zencker<sup>5</sup> saw cow-pox run its regular course along with measles and along with purpura.

The cow-pox went on its course undisturbed during a mercurial treatment for syphilis, as Jenner saw.

am now firmly convinced that no real amalgamation of the two takes place, but that in such cases the one exists in the organism *besides* the other only, each in the parts that are adapted for it, and their cure will be completely effected by a judicious alternation of the best mercurial preparation, with the remedies specific for the psora, each given in the most suitable dose and form.

<sup>1</sup> *Vide Transactions of a Society for the Improvement of Med. and Chir. Knowledge*, ii.

<sup>2</sup> In *Edinb. Med. Comment.*, iii, p. 480.

<sup>3</sup> In *Med. and Phys. Journ.*, 1805.

<sup>4</sup> *Opera*, ii, p. i., cap. 10.

<sup>5</sup> In *Hufeland's Journal*, xvii.

## § 41.

Much more frequent than the natural diseases associating with and complicating one another in the same body are the morbid complications resulting from the art of the ordinary practitioner, which the inappropriate medical treatment (the allopathic method) is apt to produce by the long-continued employment of unsuitable drugs. To the natural disease, which it is proposed to cure, there are then added, by the constant repetition of the unsuitable medicinal agent, the new, often very tedious, morbid conditions which might be anticipated from the peculiar powers of the drug; these gradually coalesce with and complicate the chronic malady which is dissimilar to them (which they were unable to cure by similarity of action, that is, homœopathically), adding to the old disease a new, dissimilar, artificial malady of a chronic nature, and thus give the patient a double in place of a single disease, that is to say, render him much worse and more difficult to cure, often quite incurable. Many of the cases for which advice is asked in medical journals, as also the records of other cases in medical writings, attest the truth of this. Of a similar character are the frequent cases in which the venereal chancreous disease, complicated especially with psora or with the dyscrasia of condylomatous gonorrhœa, is not cured by long-continued or frequently repeated treatment with large doses of unsuitable mercurial preparations, but assumes its place in the organism beside the chronic mercurial affection<sup>1</sup> that has been in the meantime gradually developed, and thus along with it often forms a hideous monster of complicated disease (under the general name of masked venereal disease), which then, when not quite incurable, can only be transformed into health with the greatest difficulty.

<sup>1</sup> For mercury, besides the morbid symptoms which by virtue of similarity can cure the venereal disease homœopathically, has among its effects many others unlike those of syphilis, which, if it be employed in large doses, cause new maladies and commit great ravages in the body, especially when complicated with psora, as is so frequently the case.

## § 42.

Nature herself permits, as has been stated, in some cases, the simultaneous occurrence of two (indeed, of three) natural diseases in one and the same boy. This complication, however, it must be remarked, happens only in the case of two *dissimilar* diseases, which according to the eternal laws of nature do not remove, do not annihilate and cannot cure one another, but, as it seems, both (or all three) remain, as it were, separate in the organism, and each takes possession of the parts and systems peculiarly appropriate to it, which, on account of the want of resemblance of the maladies to each other, can very well happen without disparagement to the unity of life.

§ 43.<sup>(a)</sup>

Totally different, however, is the result when *two similar* diseases meet together in the organism, that is to say, when to the disease already present a stronger similar one is added. In such cases we see how a cure can be effected by the operations of nature, and we get a lesson as to how man ought to cure.

## § 44.

Two diseases *similar* to each other can neither (as is asserted of dissimilar diseases in I) *repel* one another, nor (as has been shown of dissimilar diseases in II) *suspend* one another, so that the old one shall return after the new one has run its course; and just as little can two *similar* diseases (as has been demonstrated in III respecting dissimilar affections) *exist beside each other* in the same organism, or together form a *double* complex disease.

## § 45.

No! two diseases, differing, it is true, in kind,<sup>1</sup> but very similar in their phenomena and effects and in the sufferings and symptoms they severally produce, invariably annihilate one another whenever they meet together

<sup>1</sup> Vide *supra*, § 26 note.

in the organism ; the stronger disease, namely, annihilates the weaker, and that for this simple reason, because the stronger morbid power when it invades the system, by reason of its similarity of action involves precisely the *same* parts of the organism that were previously affected by the weaker morbid irritation, which, consequently, can no longer act on these parts, but is extinguished ; <sup>1</sup>\* or (in other words) because, whenever the vital force, deranged by the primary disease, is more strongly attacked by the new, very similar, but stronger dynamic morbid power, it therefore now remains affected by the latter alone, whereby the original, similar but weaker disease must, as a mere dynamic power without material substratum, cease to exercise any further morbid influence on the vital force, consequently it must cease to exist.

## § 46.

Many examples might be adduced of diseases which, in the course of nature, have been homœopathically cured by other diseases presenting similar symptoms, were it not necessary, as our object is to speak about something determinate and indubitable, to confine our attention solely to those (few) diseases which are invariably the same, arise from a fixed miasm, and hence merit a distinct name.

Among these the smallpox, so dreaded on account of the great number of its serious symptoms, occupies a prominent position, and it has removed and cured a number of maladies with similar symptoms.

How frequently does smallpox produce violent ophthalmia, sometimes even causing blindness ! And see ! by its inoculation Dezoteux<sup>2</sup> cured a chronic ophthalmia permanently, and Leroy<sup>3</sup> another.

An amaurosis of two years' duration, consequent on suppressed scald-head, was perfectly cured by it, according to Klein.<sup>4</sup>

<sup>1</sup> Just as the image of a lamp's flame is rapidly overpowered and effaced from our retina by the stronger sunbeam impinging on the eye.

<sup>2</sup> *Traité de l'inoculation*, p. 189.

<sup>3</sup> *Heilkunde für Mutter*, p. 384.

<sup>4</sup> *Interpres clinicus*, p. 293.

\* The concluding eight lines of this section are re-written in the Sixth Edition.

How often does smallpox cause deafness and dyspnœa ! And both these chronic diseases it removed on reaching its acme, as J. Fr. Closs<sup>1</sup> observed.

Swelling of the testicle, even of a very severe character, is a frequent symptom of smallpox, and on this account it was enabled, as Klein<sup>2</sup> observed, to cure, by virtue of similarity, a large hard swelling of the left testicle, consequent on a bruise. And another observer<sup>3</sup> saw a similar swelling of the testicle cured by it.

Among the troublesome symptoms of smallpox is a dysenteric state of the bowels ; and it subdued, as Fr. Wendt<sup>4</sup> observed, a case of dysentery, as a similar morbid agent.

Smallpox coming on after vaccination, as well on account of its greater strength as its great similarity, at once removes entirely the cow-pox homœopathically, and does not permit it to come to maturity ; but, on the other hand, the cow-pox when near maturity does, on account of its great similarity, homœopathically diminish very much the supervening smallpox and make it much milder,\* as Mühry<sup>5</sup> and many others testify.

The inoculated *cow-pox*, whose lymph, besides the protective matter, contains the contagion of a general cutaneous eruption of another nature, consisting of usually small, dry (rarely large, pustular) pimples, resting on a small red areola, frequently conjoined with round red cutaneous spots and often accompanied by the most violent itching, which rash appears in not a few children several days *before*, more frequently, however, *after* the red areola of the cow-pock, and goes off in a few days, leaving behind small, red, hard spots on the skin ;—the inoculated cow-pox. I say, after it has taken, cures perfectly and permanently, in a homœopathic manner, by the similarity of this accessory miasm, ana-

<sup>1</sup> *Neue Heilart der Kinderpocken*, Ulm, 1769, p. 68 ; and *Specim.*, obs. No 18.

<sup>2</sup> *Op. cit.*

<sup>3</sup> *Nov. Act. Nat. cur.*, vol. i. obs. 22.

<sup>4</sup> *Nachricht von dem Krankeninstitut zu Erlangen*, 1783.

<sup>5</sup> Willan, *Ueber die Kuhpockenimpfung, aus dem Engl. mit Zusätzen* G. P. Mühry, Göttingen. 1808.

\* A new foot-note is added here in the sixth edition.

logous cutaneous eruptions of children, often of very long standing and of a very troublesome character, as a number of observers assert.<sup>1</sup>

The cow-pox, a peculiar symptom of which is to cause tumefaction of the arm,<sup>2</sup> cured, after it broke out, a *swollen* half-paralysed arm.<sup>3</sup>

The fever accompanying cow-pox, which occurs at the time of the production of the red areola, cured homœopathically intermittent fever in two individuals, as the younger Hardege<sup>4</sup> reports confirming what J. Hunter<sup>5</sup> had already observed, that two fevers (similar diseases) cannot co-exist in the same body.<sup>6</sup>

The *measles* bear a strong resemblance in the character of its fever and cough to the whooping-cough, and hence it was that Bosquillon<sup>7</sup> noticed, in an epidemic where both these affections prevailed, that many children who then took measles remained free from whooping-cough during that epidemic. They would all have been protected from, and rendered incapable of being infected by, the whooping-

<sup>1</sup> Especially Clavier, Hurel and Desmormoaux, in the *Bulletin des sciences medicales, publie par les membres du comite central de la Soc. de Medecine du Departement de l' Eure*, 1808 ; also in the *Journal de medecine continue*, vol. xv, p. 206.

<sup>2</sup> Balhorn, in *Hufeland's Journal*, 10, ii.

<sup>3</sup> Stevenson, in Duncan's *Annals of Medicine*, lustr. 2, vol. i, pt. 2, No. 9.

<sup>4</sup> In *Hufeland's Journal*, xxiii.

<sup>5</sup> *On the Venereal Disease*, p. 4.

<sup>6</sup> The examples adduced in this place, in the former editions of the *Organon* except the last, of chronic maladies cured by the itch, (a) can, according to the discoveries and explanations I had given in the first part of my book on *Chronic Diseases* be looked upon as only in a certain degree homœopathic cures. The great maladies which thereby disappeared (suffocative asthma of many years' standing and pulmonary phthisis) were themselves originally of psoric origin, widely spread life-threatening symptoms of an ancient psora that had been fully developed in the interior of the system, which was again transformed into the simple form of the primitive itch disease by the cutaneous eruption resulting from the new infection (as always happens in such cases), whereby the old malady and the dangerous symptoms were made to disappear. Such a transformation into the primitive form is therefore only to be considered as a homœopathic healer of these extensive symptoms of highly developed ancient psora, in so far as the new infection puts the patient in a much more favorable condition to be cured of the whole psora by anti-psoric medicines.

<sup>7</sup> Cullen's *Elements of the Practical Medicine*, pt. 2, i, 3, ch. vii.



cough in that and all subsequent epidemics, by the measles, if the whooping-cough were not a disease that has only a partial similarity to the measles, that is to say, if it had also a cutaneous eruption similar to what the latter possesses. As it is, however, the measles can but preserve a large number from whooping cough homœopathically, and that only in the epidemic prevailing at the time.

If, however, the *measles* come in contact with a disease resembling it in its chief symptom, the eruption, it can indisputably remove, and effect a homœopathic cure of the latter. Thus a chronic herpetic eruption was entirely and permanently (homœopathically) cured<sup>1</sup> by the breaking out of the measles, as Kortum<sup>2</sup> observed. An excessively burning miliary rash on the face, neck, and arms, that had lasted six years, and was aggravated by every change of weather, on the invasion of measles assumed the form of a swelling of the surface of the skin; after the measles had run its course the exanthem was cured, and returned no more.<sup>3</sup>

#### § 47.<sup>(a)</sup>

Nothing could teach the physician in a plainer and more convincing manner than the above what kind of artificial morbid agent (medicine) he ought to choose in order to cure in a sure, rapid and permanent manner, conformably with the process that takes place in nature.

#### § 48.

Neither in the course of nature, as we see from all the above examples, nor by the physician's art, can an existing affection or malady in any one instance be removed by a dissimilar morbid agent, be it ever so strong, but *solely by one that is similar in symptoms and is somewhat stronger*, according to eternal, irrevocable laws of nature, which have not hitherto been recognized.

<sup>1</sup> Or at least that symptom was removed.

<sup>2</sup> In *Hufeland's Journal* xx, 3, p. 50.

<sup>3</sup> Rau, *Ueber d. Werth des hom. Heilw.*, Hediels., 1824, p. 85.

## § 49.

We should have been able to meet with many more real, natural homœopathic cures of this kind if, on the one hand, the attention of observers had been more directed to them, and, on the other hand, if nature had not been so deficient in helpful homœopathic diseases.

## § 50.

Mighty Nature herself has, as we see, at her command, as instruments for effecting homœopathic cures, little besides the miasmatic diseases of constant character, (the itch,) measles and smallpox,<sup>1</sup> morbid agents which,<sup>2</sup> as remedies, are either more dangerous to life and more to be dreaded than the disease they are to cure, or of such a kind (like the itch) that, after they have effected the cure, they themselves require curing, in order to be eradicated in their turn—both circumstances that make their employment, as homœopathic remedies, difficult, uncertain and dangerous. And how few diseases are there to which man is subject that find their similar remedy in smallpox, measles or itch! Hence, in the course of nature, very few maladies can be cured by these uncertain and hazardous homœopathic remedies, and the cure by their instrumentality is also attended with danger and much difficulty, for this reason that the doses of these morbid powers cannot be diminished according to circumstances, as doses of medicine can; but the patient afflicted with an analogous malady of long standing must be subjected to the entire dangerous and tedious disease, to the entire disease of smallpox, measles (or itch), which in its turn has to be cured. And yet, as is seen, we can point to some striking homœopathic cures effected by this lucky concurrence, all so many incontrovertible proofs of the great, the sole therapeutic law of nature that obtains in them: *Cure by symptom similarity!*

<sup>1</sup> And the exanthematous contagious principle present in the cow-pox lymph.

<sup>2</sup> Namely, smallpox and measles.

## § 51.

This therapeutic law is rendered obvious to all intelligent minds by these instances, and they are amply sufficient for this end. But, on the other hand, see what advantages man has over crude Nature in her happy-go-lucky operations. How many thousands more of homoeopathic morbid agents has not man at his disposal for the relief of his suffering fellow-creatures in the medicinal substances universally distributed throughout creation! In them he has producers of disease of all possible varieties of action, for all the innumerable, for all conceivable and inconceivable natural diseases to which they can render homoeopathic aid—morbid agents (medicinal substances), whose power, when their remedial employment is completed, being overcome by the vital force, disappears spontaneously without requiring a second course of treatment for its extirpation, like the itch—artificial morbid agents, which the physician can attenuate, subdivide and potentise almost to an infinite extent, and the dose of which he can diminish to such a degree that they shall remain only slightly stronger than the similar natural disease they are employed to cure; so that in this incomparable method of cure, there is no necessity for any violent attack upon the organism for the eradication of even an inveterate disease of old standing; the cure by this method takes place by only a gentle, imperceptible and yet often rapid transition from the tormenting natural disease to the desired state of permanent health.

## § 52\*

Surely no intelligent physician, after these examples as clear as daylight, can still go on in the old ordinary system of medicine, attacking the body, as has hitherto been done, in its least diseased parts with (allopathic) medicines that have no direct pathological (homoeopathic) relation to the disease to be cured, with purgatives, counter-irritants,

\*This section is entirely re-written in the Sixth-edition.

derivatives, &c.,<sup>1</sup> and thus at a sacrifice of the patient's strength, inducing a morbid state quite heterogeneous and dissimilar to the original one to the ruin of his constitution, by large doses of mixtures of medicines generally of unknown qualities, the employment of which can have no other result, as is demonstrated by the eternal laws of nature in the above and all other cases in the world in which a dissimilar disease is added to the other in the human organism, *for a cure is never thereby effected in disease, but an aggravation is the invariable consequence*,—therefore it can have no other result than that either (because, according to the process of nature described in I, the older disease in the body repels the *dissimilar* one wherewith the patient is assailed) the natural disease remains as it was, under mild allopathic treatment, be it ever so long continued, the patient being thereby weakened; or (because, according to the process of nature described in II, the new and stronger disease merely obscures and suspends for a short time the original weaker *dissimilar* one), by the violent attack on the body with strong allopathic drugs, the original disease seems to yield for a time, to return in at least all its former strength; or (because according to the process of nature described in III, two dissimilar diseases, when both are of a chronic character and of equal strength, take up a position beside one another in the organism and complicate each other) in those cases in which the physician employs for a long time morbidic agents opposite and dissimilar to the natural chronic disease and allopathic medicines in large doses, such allopathic treatment, without ever being able to remove and to cure the original (dissimilar) chronic disease, only develops new artificial diseases beside it; and, as daily experience shows, only renders the patient much worse and more incurable than before.<sup>(a)</sup>

<sup>1</sup> Vide *supra* in the Introduction: *A Review of the Therapeutics, &c.*, and my book, *Die Allopathie, ein Wort der Warnung für Kranke jeder Art*, Leipzig, bei Baumgartner [translated in *Hahnemann's Lesser Writings*].

## § 53 (a) \*

True, mild cures take place, as we see, only in a homœopathic way—a way which, as we have also shown above (§ § 7—25) in a different manner, by experience and deductions, is also the true and only one whereby diseases may be most surely, rapidly and permanently extinguished by art; for this mode of cure is founded on an eternal, infallible law of nature.

## § 54. (a) \*

This, the *homœopathic* way, must, moreover, as observed above (§ § 43—49) be the only proper one, because, of the three possible modes of employing medicines in diseases, it is the only direct way to a mild, sure permanent cure without doing injury in another direction, and without weakening the patient. The pure homœopathic mode of cure is the only proper way, the only direct way, the only way possible to human skill, as certainly as only one straight line can be drawn betwixt two given points.

## § 55.\*

The *second* mode of employing medicines in diseases, the *allopathic* or *heteropathic*, which, without any pathological relation to what is actually diseased in the body, attacks the parts most exempt from the disease, in order to draw away the disease through them and thus to expel it, as is imagined, has hitherto been the most general method. I have treated of it above in the Introduction,<sup>1</sup> and shall not dwell longer on it.

## § 56.\*

The *third* and only remaining method<sup>2</sup> of employing

\*The Sections 52—56 are wholly re-written in the sixth edition.

<sup>1</sup> *Review of the Therapeutics, &c.*

<sup>2</sup> A fourth mode of employing medicines in diseases has been attempted to be created by means of *Isopathy*, as it is called—that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, which would certainly be a most valuable discovery, yet, after all, seeing that the virus is given to the patient highly potentized, and thereby, consequently, to a certain degree in

medicines in diseases, which, besides the other two just alluded to, is the only other possible one is the *antipathic* (*enantipathic*) or *palliative* method, wherewith the physician could hitherto *appear* to be most useful, and hoped most certainly to gain his patient's confidence by deluding him with momentary amelioration. But I shall now proceed to show how inefficacious and how injurious this third and sole remaining way was, in diseases of a not very rapid course <sup>(a)</sup>. It is certainly the only one of the modes of treatment adopted by the allopaths that had any manifest relation to a portion of the sufferings caused by the natural disease; but what kind of relation? Of a truth the very one (the exact contrary of the right one) that ought most to be avoided if we would not delude and make a mockery of the patient affected with a chronic disease.

### § 57.

In order to carry into practice this antipathic method, the ordinary physician gives, for a single troublesome symptom from among the many other symptoms of the disease which he passes by unheeded, a medicine concerning which it is known that it produces the exact opposite of the morbid symptom sought to be subdued, from which, agreeably to the fifteen-centuries-old traditional rule of the antiquated medical school (*contraria contrariis*) he can expect the speediest (palliative) relief. He gives large doses of opium for pains of all sorts, because this drug soon benumbs the sensibility, and administers the same remedy for diarrhœas, because it speedily puts a stop to the peristaltic motion of the intestinal canal and makes it insensible; and also for sleeplessness, because opium rapidly produces a stupefied, comatose sleep; he gives purgatives when the patient has suffered long from constipation and costiveness; he causes the burnt hand to be plunged into cold water, which, from its low degree of temperature, seems instantaneously to remove the burning pain, as if

an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*. <sup>(a)</sup> \*

\*Further addition to this foot-note appears in the sixth edition.

by magic ; he puts the patient who complains of chilliness and deficiency of vital heat into warm baths, which warm him immediately ; he makes him who is suffering from prolonged debility drink wine, whereby he is instantly enlivened and refreshed ; and in like manner he employs other opposite (antipathic) remedial means, but he has very few besides those just mentioned, as it is only of very few substances that some peculiar (primary) action is known to the ordinary medical school.

### § 58.

If, in estimating the value of the mode of employing medicines, we should even pass over the circumstance that it is *an extremely faulty symptomatic treatment* (v. note to §7), wherein the practitioner devotes his attention in a merely *one-sided manner to a single symptom*, consequently to only a small part of the whole, whereby relief for the totality of the disease, which is what the patient desires, cannot evidently be expected,—we must, on the other hand, demand of experience if, in one single case where such antipathic employment of medicine was made use of in a chronic or persisting affection, after the transient amelioration there did not ensue an increased aggravation of the symptom which was subdued at first in a palliative manner, an aggravation, indeed, of the whole disease ? And every attentive observer will agree that after such short antipathic amelioration, aggravation follows *in every case without exception*, although the ordinary physician is in the habit of giving his patient another explanation of this subsequent aggravation, and ascribes it to malignancy of the original disease, now for the first time showing itself, or to the occurrence of quite a new disease<sup>1</sup>.

<sup>1</sup> Little as physicians have hitherto been in the habit of observing accurately, the aggravation that so certainly follows such palliative treatment could not altogether escape their notice. A striking example of this is to be found in J. H. Schulze's *Diss. qua corporis humani momentansarum alterationum specimina quædam expenduntur*, Halæ, 1741. § 28. Willis bears testimony to something similar (*Pharm. rat.*, § 7, cap. i, p. 298 : "Opiata dolores atrocissimos plerumque sedant atque indolentiam—procurant, eamque

## § 59.

Important symptoms of persistent diseases have never yet been treated with such palliative, antagonistic remedies, without the opposite state, a relapse—indeed a palpable aggravation of the malady—occurring a few hours afterwards. For a persistent tendency to sleepiness during the day the physician prescribed coffee, whose primary action is to enliven; and when it had exhausted its action the day-somnolence increased;—for frequent waking at night he gave in the evening, without heeding the other symptoms of the disease, opium which by virtue of its primary action produced the same night (stupefied, dull) sleep, but the subsequent nights were still more sleepless than before;—to chronic diarrhœas he opposed, without regarding the other morbid signs, the same opium, whose primary action is to constipate the bowels, and after a transient stoppage of the diarrhœa it subsequently became all the worse;—violent and frequently recurring pains of all kinds he could suppress with opium for but a short time; they then always returned in greater, often intolerable severity, or some much worse affection came in their stead. For nocturnal cough of long standing the ordinary physician knew no better than to administer opium, whose primary action is to suppress every irritation; the cough would then perhaps cease the first night, but during the subsequent nights it would be still more severe, and if it were again and again suppressed by this palliative in increased doses, fever and nocturnal perspiration were added to the disease;—weakness of the bladder, with consequent retention of urine, was sought to be conquered by the

—*aliquamdiu et pro stato quodam tempore continuant, quo spatio elapso doloros mox recrudescent et brevi ad solitam ferociam augentur.*" And also at page 295: "*Exactis opii viribus illico redeunt tormina, nec atrocitatem suam remittunt, nisi dum ab eodem pharmaco rursus incantuntur.*" In like manner J. Hunter (*On the Venereal Disease*, p. 13) says that wine and cordials given to the weak increase the action without giving real strength, and the powers of the body are afterwards sunk proportionally as they have been raised, by which nothing can be gained, but a great deal may be lost.



antipathic work of cantharides to stimulate the urinary passages, whereby evacuation of the urine was certainly at first effected, but thereafter the bladder becomes less capable of stimulation and less able to contract, and paralysis of the bladder is imminent;—with large doses of purgative drugs, and laxative salts, which excite the bowels to frequent evacuation, it was sought to remove a chronic tendency to constipation, but in the secondary action the bowels became still more confined;—the ordinary physician seeks to remove chronic debility by the administration of wine, which, however, stimulates only in its primary action, and hence the forces sink all the lower in the secondary action;—by bitter substances and heating condiments he tries to strengthen and warm the chronically weak and cold stomach, but in the secondary action of these palliatives, which are stimulating in their primary action only, the stomach becomes yet more inactive;—long standing deficiency of vital heat and chilly disposition ought surely to yield to prescriptions of warm baths, but still more weak, cold, and chilly do the patients subsequently become;—severely burnt parts feel instantaneous alleviation from the application of cold water, but the burning pain afterwards increases to an incredible degree, and the inflammation spreads and rises to a still greater height;—by means of the sternutatory remedies that provoke a secretion of mucus coryza with stoppage of the nose of long standing is sought to be removed, but it escapes observation that the disease is aggravated all the more by these antagonistic remedies (in their secondary action), and the nose becomes still more stopped;—by electricity and galvanism, which in their primary action greatly stimulate muscular action, chronically weak and almost paralytic limbs were soon excited to more active movements, but the consequence (the secondary action) was complete deadening of all muscular irritability and complete paralysis;—by venesections it was attempted to remove chronic determination of blood to the head, but they were always followed

by greater congestion;—ordinary medical practitioners know nothing better with which to treat the paralytic tropor of the corporeal and mental organs, conjoined with unconsciousness, which prevails in many kinds of typhus, than with large doses of valerian, because this is one of the most powerful medicinal agents for causing animation and increasing the motor faculty; in their ignorance, however, they knew not that this action is only a primary action, and that the organism, after that is passed, most certainly falls back, in the secondary (antagonistic) action, into still greater stupor and immobility, that is to say, into paralysis of the mental and corporeal organs (and death); they did not see, that the very diseases they supplied most plentifully with valerian, which is in such cases an oppositely acting, antipathic remedy, most infallibly terminated fatally. The old school physician rejoices<sup>1</sup> that he is able to rejoice for several hours the velocity of the small rapid pulse in cachectic patients with the very first dose of uncombined purple foxglove (which in its *primary* action makes the pulse slower); its rapidity, however, soon returns; repeated, and now increased doses effect an ever smaller diminuation of its rapidity, and at length none at all—indeed—in the *secondary* action the pulse becomes uncountable; sleep, appetite and strength depart, and a speedy death is *invariably* the result, or else insanity ensues. How often, in one word, the disease is aggravated, or something even worse is effected by the secondary action of such antagonistic (antipathic) remedies, the old school with its false theories does not perceive, but experience teaches it in a terrible manner.

## § 60.

If these ill effects are produced, as may very naturally be expected from the antipathic employment of medicines, the ordinary physician imagines he can get over the difficulty by giving, at each renewed aggravation, a stronger dose of the remedy, whereby an equally transient

<sup>1</sup> Vide Hufeland, in his pamphlet, *Die Homöopathie*, p. 20.<sup>(a)</sup>

suppression\* is effected; and as there then is a still greater necessity for giving ever-increasing quantities of the palliative there ensues either another more serious disease or frequently even danger to life and death itself, *but never a cure* of a disease of considerable or of long standing.

### § 61.

*Had physicians been capable of reflecting on the sad results of the antagonistic employment of medicines, they had long since discovered the grand truth, THAT THE TRUE RADICAL HEALING ART MUST BE FOUND IN THE EXACT OPPOSITE OF SUCH AN ANTI-PATHIC TREATMENT OF THE SYMPTOMS OF DISEASE; they would have become convinced, that as a medicinal action antagonistic to the symptoms of the disease (an anti-pathically employed medicine) is followed by only transient relief, and after that is passed, by invariable aggravation, the converse of that procedure, the homœopathic employment of medicines according to similarity of symptoms, must effect a permanent and perfect cure, if at the same time the opposite of their large doses, the most minute doses, are exhibited. But neither the obvious aggravation that ensued from their antipathic treatment, nor the fact that no physician ever effected a permanent cure of diseases of considerable or of long standing unless some homœopathic medicinal agent was accidentally a chief ingredient in his prescription, nor yet the circumstance that all the rapid and perfect cures that nature ever performed (§ 46), were always effected by the supervention upon the old disease of one of a similar character, ever taught them, during such a long series of centuries, this truth, the knowledge of which can alone conduce to the benefit of the sick.*

### § 62.

But on what this pernicious result of the palliative, antipathic treatment and the efficacy of the reverse, the homœopathic treatment, depend, is explained by the following facts, deduced from manifold observations, which

\*A long foot-note appears in sixth edition.

no one before me perceived, though they are so very palpable and so very evident, and are of such infinite importance to the healing art.

..

### § 63.

Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action*. Although a product of the medicinal and vital powers conjointly, it is principally due to the former power. To its action our vital force endeavours to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counter-action*.

### § 64.

During the primary action of the artificial morbid agents (medicines) on our healthy body, our vital force seems to conduct itself merely in a passive (receptive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it and thereby alter its state of health; it then, however, appears to rouse itself again, as it were, and to develop (A) the exact opposite condition of health (*counteraction, secondary action*) to this effect (*primary action*) produced upon it, if there be such an opposite, and that in as great a degree as was the effect (*primary action*) of the artificial morbid or medicinal agent on it, and proportionate to its own energy;—or (B) if there be not in nature a state exactly the opposite of the primary action it appears to endeavour to indifferentiate itself, that is, to make its superior power available in the extinction of the change wrought in it from without (by the medicine), in the place of which it substitutes its normal state (*secondary action, curative action*).

## § 65.

Examples of (A) are familiar to all. A hand bathed in hot water is at first much warmer than the other hand that has not been so treated (primary action); but when it is withdrawn from the hot water and again thoroughly dried, it becomes in a short time cold, and at length much colder than the other (secondary action). A person heated by violent exercise (primary action) is afterwards affected with chilliness and shivering (secondary action). To one who was yesterday heated by drinking much wine (primary action), to-day every breath of air feels too cold (counteraction of the organism, secondary action). An arm that has been kept long in very cold water is at first much paler and colder (primary action) than the other; but removed from the cold water and dried, it subsequently becomes not only warmer than the other, but even hot, red and inflamed (secondary action, reaction of the vital force). Excessive vivacity follows the use of strong coffee (primary action), but sluggishness and drowsiness remain for a long time afterwards (reaction, secondary action), if this be not always again removed for a short time by imbibing fresh supplies of coffee (palliative). After the profound stupefied sleep caused by opium (primary action), the following night will be all the more sleepless (reaction, secondary action). After the constipation produced by opium (primary action), diarrhoea ensues (secondary action); and after purgation with medicines that irritate the bowels, constipation of several days' duration ensues (secondary action). And in like manner it always happens, after the primary action of a medicine that produces in large doses a great change in the health of a healthy person, that its exact opposite, when, as has been observed, there is actually such a thing, is produced in the secondary action by our vital force.

## § 66.

An obvious antagonistic secondary action, however, is, as may readily be conceived, not to be noticed from the

action of quite minute homœopathic doses of the deranging agents on the healthy body. A small dose of every one of them certainly produces a primary action that is perceptible to a sufficiently attentive observer; but the living organism employs against it only so much reaction (secondary action) as is necessary for the restoration of the normal condition.

### § 67

These incontrovertible truths, which spontaneously offer themselves to our notice in nature and experience, explain to us the beneficial action that takes place under homœopathic treatment; whilst, on the other hand, they demonstrate the perversity of the antipathic and palliative treatment of diseases with antagonistically acting medicines.<sup>1</sup>

<sup>1</sup>Only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homœopathic remedy—not hours, sometimes not even quarter-hours, and scarcely minutes—in sudden accidents occurring to previously healthy individuals—for example in asphyxia and suspended animation from lightning, from suffocation, freezing, drowning, &c.—is it admissible and judicious, at all events as a preliminary measure, to stimulate the irritability and sensibility (the physical life) with a palliative, as, for instance, with gentle electrical shocks, with clysters of strong coffee, with a stimulating odour, gradual application of heat, &c. When this stimulation is effected, the play of the vital organs again goes on in its former healthy manner, for there is here no disease to be removed, but merely an obstruction and suppression of the healthy vital force. To this category belong various antidotes to sudden poisonings: alkalies for mineral acids, hepatic sulphuris for metallic poisons, coffee and camphor (and ipecacuanha) for poisoning by opium, &c.

It does not follow that a homœopathic medicine has been ill selected for a case of disease because some of the medicinal symptoms are only antipathic to some of the less important and minor symptoms of the disease; if only the others, the stronger, well-marked (characteristic), and peculiar symptoms of the disease are covered and matched by the same medicine with similarity of

\*And yet the new sect that mixes the two systems appeals (though in vain) to this observation, in order that they may have an excuse for encountering everywhere such exceptions to the general rule in diseases, and to justify their convenient employment of allopathic palliatives, and of other injurious allopathic trash besides, solely for the sake of sparing themselves the trouble of seeking for the suitable homœopathic remedy for each case of disease—I might almost say for the sake of sparing themselves the trouble of being homœopathic physicians, and yet wishing to appear as such. But their performances are on a par with the system they pursue; they are nothing to boast of.

## § 68.

In *homœopathic* cures they show us that from the uncommonly small doses of medicine (§§ 275—287) required in this method of treatment, which are just sufficient, by the similarity of their symptoms, to overpower and remove the similar natural disease, there certainly remains, after the destruction of the latter, at first a certain amount of medicinal disease alone in the organism, but, on account of the extraordinary minuteness of the dose, it is so transient, so slight, and disappears so rapidly of its own accord, that the vital force has no need to employ, against this small artificial derangement of its health, any more considerable reaction than will suffice to elevate its present state of health up to the healthy point—that is, than will suffice to effect complete recovery, for which, after the extinction of the previous morbid derangement but little effort is required (§ 64, B).

## § 69.

In the antipathic (palliative) mode of treatment, however, precisely the reverse of this takes place. The medicinal symptom which the physician opposes to the disease symptom (for example, the insensibility and stupefaction caused by opium in its primary action to acute pain) is certainly not alien, not allopathic to the latter; there is a manifest relation of the medicinal symptom to the disease symptom, but it is the *reverse* of what should be; it is here intended that the annihilation of the disease symptom shall be effected by an *opposite* medicinal symptom, which is impossible. No doubt the antipathically chosen medicine touches precisely the same diseased point in the organism as the homœopathic medicine chosen on account of the similar affection it produces; but the former covers the opposite symptom of the disease only as an opposite, and makes it unob-

symptoms—that is to say, overpowered, destroyed and extinguished; the few opposite symptoms also disappear of themselves after the expiry of the term of action of the medicament, without retarding the cure in the least.

servable for a short time only, so that in the first period of the action of the antagonistic palliative the vital force perceives nothing disagreeable from either of the two (neither from the disease symptom nor from the medicinal symptom), as they seem both to have mutually removed and dynamically neutralised one another as it were (for example, the stupefying power of opium does this to the pain). In the first minutes the vital force feels quite well, and perceives neither the stupefaction of the opium nor the pain of the disease. But as the antagonistic medicinal symptom cannot (as in the homœopathic treatment) occupy the place of the morbid derangement present in the organism as a *similar, stronger* artificial disease, and cannot, therefore, like a homœopathic medicine, affect the vital force with a similar artificial disease, so as to be able to step into the place of the original natural morbid derangement, the palliative medicine must, as a thing totally differing from, and the opposite of the disease derangement, leave the latter uneradicated; it renders it, as before said, by a semblance of dynamic neutralisation,<sup>1</sup> at first unfelt by the vital force, but, like every medicinal disease, it is soon spontaneously extinguished, and not only leaves the disease behind, just as it was, but compels the vital force (as it must, like all palliatives, be given in large doses in order to effect the apparent removal) to produce an opposite condition (§§ 63. 64) to this palliative medicine, the reverse of the medicinal action, consequently the analogue of the still present,

<sup>1</sup> In the living human being no permanent neutralisation of contrary or antagonistic sensations can take place, as happens with substances of opposite qualities in the chemical laboratory where, for instance, sulphuric acid and potash unite to form a perfectly different substance, a neutral salt, which is now no longer either acid or alkali, and is not decomposed even by heat. Such amalgamations and thorough combinations to form something permanently neutral and indifferent do not, as has been said over take place with respect to dynamic impressions of an antagonistic nature in our sensific apparatus. Only a semblance of neutralisation and mutual removal occurs in such cases at first, but the antagonistic sensations do not permanently remove one another. The tears of the mourner will be dried for but a short time by a laughable play; the jokes are, however, soon forgotten, and his tears then flow still more abundantly than before.



undestroyed, natural morbid derangement, which is necessarily strengthened and increased<sup>1</sup> by this addition (reaction against the palliative) produced by the vital force. *The disease symptom* (this single part of the disease) *consequently becomes worse after the term of the action of the palliative has expired; worse in proportion to the magnitude of the dose of the palliative.* Accordingly (to keep to the same example) the larger the dose of opium given to allay the pain, so much the more does the pain increase beyond its original intensity as soon as the opium has exhausted its action.<sup>2</sup>

#### § 70.

From what has been already adduced we cannot fail to draw the following inferences :

That everything of a really morbid character and which ought to be cured that the physician can discover in diseases consist solely of the sufferings of the patient, and the sensible alterations in his health, in a word, solely of the totality of the symptoms, by means of which the disease demands the medicine requisite for its relief ; whilst, on the other hand, every internal cause attributed to it, every occult quality or imaginary material morbid principle, is nothing but an idle dream ;

<sup>1</sup> Plain as this proposition is, it has been misunderstood, and in opposition to it some have asserted "that the palliative in its secondary action, which would then be similar to the disease present, must be capable of curing just as well as a homœopathic medicine does by its primary action." But they did not reflect that the secondary action is not a product of the medicine, but invariably of the antagonistically acting vital force of the organism ; that therefore this secondary action resulting from the vital force on the employment of a palliative is a state similar to the symptoms of the disease which the palliative left uneradicated, and which the reaction of the vital force against the palliative consequently increased still more.

<sup>2</sup> As when in a dark dungeon where the prisoner could with difficulty recognise objects close to him, alcohol is suddenly lighted, everything is instantly illuminated in a most consolatory manner to the unhappy wretch ; but when it is extinguished, the brighter the flame was previously the blacker is the night which now envelopes him, and renders everything about him much more difficult to be seen than before.

That this derangement of the state of health, which we term disease, can only be converted into health by another revolution effected in the state of health by means of medicines whose sole curative power, consequently, can only consist in altering man's state of health—that is to say, in a peculiar excitation of morbid symptoms, and is learned with most distinctness and purity by testing them on the healthy body ;

That, according to all experience, a natural disease can never be cured by medicines that possess the power of producing in the healthy individual an alien morbid state (dissimilar morbid symptoms) *differing* from that of the disease to be cured (never, therefore, by an allopathic mode of treatment), and that even in nature no cure ever takes place in which an inherent disease is removed, annihilated and cured by the addition of another disease dissimilar to it, be the new one ever so strong ;

That, moreover, all experience proves that, by means of medicines which have a tendency to produce in the healthy individual an artificial morbid symptom, *antagonistic* to the single symptom of disease sought to be cured, the cure of a long-standing affection will never be effected, but merely a very transient alleviation, always followed by its aggravation ; and that, in a word, this antipathic and merely palliative treatment in long-standing diseases of a serious character is absolutely inefficacious :

That, however, the third and only other possible mode of treatment (the *homœopathic*), in which there is employed for the totality of the symptoms of a natural disease a medicine capable of producing the most similar symptoms possible in the healthy individual, given in suitable dose, is the only efficacious remedial method whereby diseases, which are purely dynamic deranging

irritations of the vital force, are overpowered, and being thus easily, perfectly and permanently extinguished must necessarily cease to exist—and for this mode of procedure we have the example of unfettered Nature herself, when to an old disease there is added a new one similar to the first, whereby the new one is rapidly and forever annihilated and cured.

### § 71.

As it is now no longer a matter of doubt that the diseases of mankind consist merely of groups of certain symptoms, and may be annihilated and transformed into health by medicinal substances, but only by such as are capable of artificially producing similar morbid symptoms (and such is the process in all genuine cures), hence the operation of curing is comprised in the three following points :

- I. How is the physician to ascertain what is necessary to be known in order to cure the disease ?
- II. How is he to gain a knowledge of the instruments adapted for the cure of the natural disease, the pathogenetic powers of the medicines ?
- III. What is the most suitable method of employing these artificial morbidic agents (medicines) for the cure of natural disease ?

### § 72.<sup>(a)</sup>

With respect to the first point, the following will serve as a general preliminary view. The diseases to which man is liable are either rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time—these are termed *acute* diseases ;—or they are diseases of such a character that, with small, often imperceptible beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy condition.

in such a way that the automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed *chronic* diseases. They are caused by infection with a chronic miasm.

### § 73.

As regards acute diseases, they are either of such a kind as attack human beings individually, *the exciting cause* being injurious influences to which they were particularly exposed. Excesses in food, or an insufficient supply of it, severe physical impressions, chills, overheatings, dissipation, strains, &c., or physical irritations, mental emotions, and the like, are exciting causes of such acute febrile affections; in reality, however, they are generally only a transient explosion of latent psora, which spontaneously returns to its dormant state if the acute diseases were not of too violent a character and were soon quelled. Or they are of such a kind as attack several persons at the same time, here and there (*sporadically*), by means of meteoric or telluric influences and injurious agents, the susceptibility for being morbidly affected by which is possessed by only a few persons at one time. Allied to these are those diseases in which many persons are attacked with very similar sufferings from the same cause (*epidemically*); these diseases generally become infectious (*contagious*) when they prevail among thickly congregated masses of human beings. Thence arise fevers,<sup>1</sup> in each instance of a peculiar

<sup>1</sup> The homœopathic physician, who does not entertain the foregoing conclusions devised by the ordinary school (who have fixed upon a few names of such fevers, besides which mighty nature dare not produce any others, so as to admit of their treating these diseases according to some fixed method), does not acknowledge the names gaol fever, bilious fever, typhus fever, putrid fever, nervous fever or mucous fever, but treats them each according to their several peculiarities.

nature, and, because the cases of disease have an identical origin, they set up in all those they affect an identically morbid process, which when left to itself terminates in a moderate period of time in death or recovery. The calamities of war, inundations and famine are not infrequently their exciting causes and producers--sometimes they are peculiar *acute miasms* which recur in the same manner (hence known by some traditional name), which either attack persons but once in a lifetime, as the small-pox, measles, whooping-cough, the ancient smooth, bright red scarlet fever<sup>1</sup> of Sydenham, the mumps, &c., or such as recur frequently in pretty much the same manner, the plague of the Levant, the yellow fever of the sea-coast, the Asiatic cholera, &c.

#### § 74.<sup>(a)</sup>

Among chronic diseases we must still, alas! reckon those so commonly met with, artificially produced in allopathic treatment by the prolonged use of violent heroic medicines in large and increasing doses, by the abuse of calomel, corrosive sublimate, mercurial ointment, nitrate of silver, iodine and its ointments, opium, valerian, cinchona bark and quinine, foxglove, prussic acid, sulphur and sulphuric acid, perennial purgatives,\* venesections, leeches, issues, setons, &c., whereby the vital force is sometimes weakened to an unmerciful extent, sometimes, if it do not succumb, gradually abnormally deranged (by each substance in a peculiar manner) in such a way that, in order to maintain life against these inimical and destructive attacks, it must produce a revolution in the organism, and either deprive some part of

<sup>1</sup> Subsequently to the year 1891 a kind of purpura miliaris (*roodvonk*), which came from the West, was by physicians confounded with the scarlet fever notwithstanding that they exhibited totally different symptoms: that the latter found its prophylactic and curative remedy in belladonna, the former in aconite, and that the former was generally merely sporadic, while the latter was invariably epidemic. Of late years it seems as if the two occasionally joined to form an eruptive fever of a peculiar kind, for which neither the one nor yet the other remedy alone, will be found to be exactly homœopathic.

\* A foot-note appears in the sixth edition.

its irritability and sensibility, or exalt these to an excessive degree, cause dilatation or contraction, relaxation or induration or even total destruction of certain parts, and develop faulty organic alterations here and there in the interior or the exterior<sup>1</sup> (cripple the body internally or externally), in order to preserve the organism from complete destruction of life by the ever-renewed, hostile assaults of such destructive forces.

### § 75.

These inroads on human health effected by the allopathic non-healing art (more particularly in recent times) are of all chronic diseases the most deplorable, the most incurable; and I regret to add that it is apparently impossible to discover or to hit upon any remedies for their cure when they have reached any considerable height.

### § 76.

Only for natural diseases has the beneficent Diety granted us in Homœopathy, the means of affording relief; but those devastations and maimings of the human organism exteriorly and interiorly, effected by years, frequently, of the unsparing exercise of a false art, with its hurtful drugs and treatment, *must be remedied by the vital force itself* (appropriate aid being given for the eradication of any chronic miasm that may happen to be lurking in the background), if it have not already been too much weakened by such mischievous acts, and can devote several years to this huge operation undisturbed. A human healing art, for the restoration to the normal state of those innumerable abnormal conditions so often

<sup>1</sup> If the patient at length succumbs, the practiser of such a treatment is in the habit of pointing out to the sorrowing relatives, at the *post-mortem* examination these internal organic disfigurements, which are due to his pseudo-art, but which he artfully maintains to be the original incurable disease (see my book, *Die Alloëpathie, ein Wort der Warnung an Kranke jeder Art*, Leipzig, bei Baumgärtner [translated in *Lesser Writings*]). The deceitful records, the illustrated works on pathological anatomy, exhibit the products of such lamentable bungling.

\* A long foot-note appears in the sixth edition.

produced by the allopathic non-healing art, there is not and cannot be.

Those diseases are inappropriately named chronic, which persons incur who expose themselves continually to *avoidable* noxious influences, who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwellings, who are deprived of exercise or of open air, who ruin their health by over-exertion of body or mind, who live in a constant state of worry, &c. These states of ill health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic diseases.

§ 78.

The true natural *chronic* diseases are those that arise from a chronic miasm, which when left to themselves, and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings. These are the most numerous and greatest scourges of the human race; for the most robust constitution, the best regulated mode of living and the most vigorous energy of the vital force are insufficient for their eradication.\*

§ 79.

Hitherto syphilis alone has been to some extent known as such a chronic miasmatic disease, which when uncured ceases only with the termination of life. Sycosis (the condylomatous disease), equally ineradicable by the vital force without proper medicinal treatment, was not re-

\* A new foot-note appears in the sixth edition.

cognised as a chronic miasmatic disease of a peculiar character, which it nevertheless undoubtedly is, and physicians imagined they had cured it when they had destroyed the growths upon the skin, but the persisting dyscrasia occasioned by it escaped their observation.

• § 80.

Incalculably greater and more important than the two chronic miasms just named, however, is the chronic miasm of psora, which, whilst those two reveal their specific internal dyscrasia, the one by the venereal chancre, the other by the cauliflower-like growths, does also, after the completion of the internal infection of the whole organism, announce by a peculiar cutaneous eruption, sometimes consisting only of a few vesicles accompanied by intolerable voluptuous tickling itching (and a peculiar odour), the monstrous internal chronic miasm—the psora, the only real *fundamental cause* and producer of all the other numerous, I may say innumerable, forms of disease,<sup>1</sup>

<sup>1</sup> I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting certain proofs of this great truth, which had remained unknown to all former or contemporary observers, and in discovering at the same time the principal (antipsoric) remedies which collectively are nearly a match for this thousand-headed monster of disease in all its different developments and forms. I have published my observations on this subject in the book entitled *The Chronic Diseases* (4 vols., Dresden, Arnold. [2nd edit., Dusseldorf, Schaub ]) Before I had obtained this knowledge I could only teach how to treat the whole number of chronic diseases as isolated, individual maladies, with those medicinal substances whose pure effects had been tested on healthy persons up to that period, so that every case of chronic disease was treated by my disciples according to the group of symptoms it presented, just like an idiopathic disease, and it was often so far cured that sick mankind rejoiced at the extensive remedial treasures already amassed by the new healing art. How much greater cause is there now for rejoicing that the desired goal has been so much more nearly attained, inasmuch as the recently discovered and far more specific homœopathic remedies for chronic affections arising from psora (properly termed antipsoric remedies) and the special instructions for their preparation and employment have been published; and from among them the true physician can now select for his curative agents those whose medicinal symptoms correspond in the most similar (homœopathic) manner to the chronic disease he has to cure; and thus, by the employment of (antipsoric) medicines more suitable for this miasm, he is enabled to render more essential service and almost invariably to effect perfect cure.



which, under the names of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, softening of the bones (*rachitis*), scoliosis and cyphosis, caries, cancer, fungus hæmatodes, neoplasms, gout, hæmorrhoids, jaundice, cyanosis, dropsy, amenorrhœa, hæmorrhage from the stomach, nose, lungs, bladder and womb, of asthma and ulceration of the lungs, of impotence and barrenness, of megrim, deafness, cataract, amaurosis, urinary calculus, paralysis, defects of the senses and pains of thousands of kinds, &c., figure in systematic works on pathology as peculiar, independent diseases.

### § 81.

The fact that this extremely ancient infecting agent has gradually passed, in some hundreds of generations, through many millions of human organisms and has thus attained an incredible development, renders it in some measure conceivable how it can now display such innumerable morbid forms in the great family of mankind, particularly when we consider what a number of circumstances<sup>1</sup> contribute to the production of these great varieties of chronic diseases (secondary symptoms of psora), besides the indescribable diversity of men in respect of their congenital corporeal constitutions, so that it is no wonder if such a variety of injurious agencies acting from within and from without and sometimes continually, on such a variety of organisms permeated with the psoric miasms, should produce an innumerable variety of defects, injuries, derangements and sufferings, which have hitherto been treated of in the old pathological works,<sup>2</sup> under a

<sup>1</sup> Some of these causes that exercise a modifying influence on the transformation of psora into chronic diseases manifestly depend sometimes on the climate and the peculiar physical character of the place of abode, sometimes on the very great varieties in the physical and mental training of youth both of which may have been neglected, delayed or carried to excess, or on their abuse in the business or conditions of life, in the matter of diet and regimen, passions, manners, habits and customs of various kinds.

<sup>2</sup> How many improper ambiguous names do not these works contain, under each of which are included excessively different morbid conditions, which

number of special *names*, as diseases of an independent character.

often resemble each other in one single symptom only, as *ague*, *jaundice*, *dropsy*, *consumption*, *leucorrhœa*, *hemorrhoids*, *rheumatism*, *apoplexy*, *convulsions*, *hysteria*, *hypochondriasis*, *melancholia*, *mania*, *quinsy*, *palsy*, &c., which are represented as diseases of a fixed and unvarying character, and are treated, on account of their name, according to a determinate plan ! How can the bestowal of such a name justify an identical medical treatment ? And if the treatment is not always to be the same, why make use of an identical name which postulates an identity of treatment ? "Nihil sane in artem medicam pestiferum magis unquam irrepit malum, quam generalia quædam nomina morbis imponere iisque aptare velle generalem quandam medicinam," says Huxham, a man as clear-sighted as he was estimable on account of his conscientiousness (*Op. phys. med.*, tom. i.). And in like manner Fritze laments (*Annalen*, i. p. 80) "that essentially different diseases are designated by the same name." Even these epidemic diseases, which undoubtedly may be propagated *in every separate epidemic* by a peculiar contagious principle which remains unknown to us, are designated, in the old school of medicine, by particular names, just as if they were well-known fixed diseases that invariably recurred under the same form, as *hospital fever*, *gaol fever*, *camp fever*, *putrid fever*, *bilious fever*, *nervous fever*, *mucous fever*, although each epidemic of such roving fevers exhibits itself at every occurrence as another, a *new* disease, such as it has never before appeared in exactly the same form, differing very much, in every instance, in its course, as well as in many of its most striking symptoms and its whole appearance. Each is so far dissimilar to all previous epidemics, whatever names they may bear, that it would be a dereliction of all logical accuracy in our ideas of things were we to give to these maladies, that differ so much among themselves, one of those names we meet with in pathological writings, and treat them all medicinally in conformity with this misused name. The candid Sydenham alone perceived this, when he (*Obs. med.*, cap. ii, De morb. epid.) insists upon the necessity of not considering any epidemic disease as having occurred before and treating it in the same way as another, since all that occur successively, be they ever so numerous, differ from one another : "Nihil quicquam (opinor,) animum universæ qua patet medicinæ pomœria perlustrantem, tanta admiratione percellet, quam discolor illa et sui plane dissimilis morborum Epidemicorum facies ; non tam qua varias ejusdem anni tempestates, quam qua discrepantes diversorum ab invicem annorum constitutiones referunt, ab iisque dependent. Quæ tam aperta prædictorum morborum diversitas tum propriis ac sibi peculiaribus symptomatis, tum etiam medendi ratione, quam hi ab illis disparem prorsus sibi vendicant, satis illucescit. Ex quibus constat morbus hosce, ut ut externa quadantenus specie, et symptomatis aliquot utrisque pariter supervenientibus, convenire paulo incautioribus videantur, re tamen ipsa (si bene advertoris animum,) alienæ admodum esse indolis, et distare ut æra lupinis." (a)

From all this it is clear that these useless and misused names of diseases ought to have no influence on the practice of the true physician, who knows that he has to judge of and to cure diseases, not according to the similarity of

## § 82.

Although, by the discovery of that great source of chronic diseases, as also by the discovery of the specific homœopathic remedies for the psora, medicine has advanced some steps nearer to a knowledge of the nature of the majority of diseases it has to cure, yet, for settling the indication in each case of chronic (psoric) disease he is called on to cure, the duty of a careful apprehension of its ascertainable symptoms and characteristics is as indispensable for the homœopathic physician as it was before that discovery, as no real cure of this or of other diseases can take place without a strict particular treatment (individualisation) of each case of disease—only that in this investigation some difference is to be made when the affection is an acute and rapidly developed disease, and when it is a chronic one; seeing that, in acute disease, the chief symptoms strike us and become evident to the senses more quickly, and hence much less time is requisite for tracing the picture of the disease and much fewer questions are required to be asked,' as almost everything is self-evident, than in a chronic disease which has been gradually progressing for several years, in which the symptoms are much more difficult to be ascertained.

the name of a single one of their symptoms, but according to the totality of the signs of the individual state of each particular patient, whose affection it is his duty carefully to investigate, but never to give a hypothetical guess at it.

If, however, it is deemed necessary sometimes to make use of names of diseases, in order, when talking about a patient to ordinary persons, to render ourselves intelligible in few words, we ought only to employ them as collective names, and tell them, *e. g.* the patient has *a kind* of St. Vitus's dance, *a kind* of dropsy, *a kind* of typhus, *a kind* of ague; but (in order to do away once for all with the mistaken notions these names give rise to) we should never say he has *the* St. Vitus's dance *the* typhus, *the* dropsy, *the* ague, as there are certainly no diseases of these and similar names of fixed unvarying character.

Hence the following directions for investigating the symptoms are only partially applicable for acute diseases.

This individualising *examination of a case of disease*, for which I shall only give in this place general directions, of which the practitioner will bear in mind only what is applicable for each individual case, demands of the "physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease.

## § 84.

The patient details the history of his sufferings; those about him tell what they heard him complain of, how he has behaved and what they have noticed in him; the physician sees, hears, and remarks by his other senses what there is of an altered or unusual character about him. He writes down accurately all that the patient and his friends have told him in the very expressions used by them. Keeping silence himself he allows them to say all they have to say, and refrains from interrupting them<sup>1</sup> unless they wander off to other matters. The physician advises them at the beginning of the examination to speak slowly, in order that he may take down in writing the important parts of what the speakers say.

## § 85.

He begins a fresh line with every new circumstance mentioned by the patient or his friends, so that the symptoms shall be all ranged separately one below the other. He can thus add to any one, that may at first have been related in too vague a manner, but subsequently more explicitly explained.

## § 86.

When the narrators have finished what they would say of their own accord, the physician then reverts to each particular symptom and elicits more precise information

<sup>1</sup> Every interruption breaks the train of thought of the narrators, and all they would have said at first does not again occur to them in precisely the same manner after that.

respecting it in the following manner ; he reads over the symptoms as they were related to him one by one, and about each of them he inquires for further particulars : *e. g.*, at what period did this symptom occur ? Was it previous to taking the medicine he had hitherto been using ? Whilst taking the medicine ? Or only some days after leaving off the medicine ? What kind of pain, what sensation exactly, was it that occurred on this spot ? What was the precise spot ? Did the pain occur in fits and by itself, at various times ? Or was it continued, without intermission ? How long did it last ? At what time of the day or night, and in what position of the body was it worst, or ceased entirely ? What was the exact nature of this or that event or circumstance mentioned—described in plain words ?

#### § 87.

And thus the physician obtains more precise information respecting each particular detail, but without ever framing his questions so as to suggest the answer to the patient,<sup>1</sup> so that he shall only have to answer yes or no ; else he will be misled to answer in the affirmative or negative something untrue, half true, or not strictly correct, either from indolence or in order to please his interrogator, from which a false picture of the disease and an unsuitable mode of treatment must result.

#### § 88.

If in these voluntary details nothing has been mentioned respecting several parts or functions of the body or his mental state, the physician asks what more can be told in regard to these parts and these functions, or the state of his disposition or mind ;<sup>2</sup> but in doing this he

<sup>1</sup> For instance, the physician should not ask. Was not this or that circumstance present ? He should never be guilty of making such suggestions, which tend to seduce the patient into giving a false answer and a false account of his symptoms.

<sup>2</sup> For example, what is the character of his stools ? How does he pass his water ? How is it with his day and night sleep ? What is the state of his disposition, his humour, his memory ? How about the thirst ?

only makes use of general expressions, in order that his informants many be obliged to enter into special details concerning them.

### § 89.

When the patient (for it is on him we have chiefly to rely for a description of his sensations, except in the case of feigned diseases) has by these details, given of his own accord and in answer to inquiries, furnished the requisite information and traced a tolerably perfect picture of the disease, the physician is at liberty and obliged (if he feels he has not yet gained all the information he needs) to ask more precise, more special questions.<sup>1</sup>

What sort of taste has he in his mouth? What kinds of food and drink are most relished? What are most repugnant to him? Has each its full natural taste, or some other unusual taste? How does he feel after eating or drinking? Has he anything to tell about the head, the limbs, or the abdomen?

<sup>1</sup> For example, how often are his bowels moved? What is the exact character of the stools? Did the whitish evacuation consist of mucus or fæces? Had he or had he not pains during the evacuation? What was their exact character, and where were they seated? What did the patient vomit? Is the bad taste in the mouth putrid, or bitter, or sour, or what? Before or after eating, or during the ropast? At what period of the day was it worst? What is the taste of what is eructated? Does the urine only become turbid on standing, or is it turbid when first discharged? What is its colour when first emitted? Of what colour is the sediment? How does he behave during sleep? Does he whine, moan, talk or cry out in his sleep? Does he start during sleep? Does he snore during inspiration, or during expiration? Does he lie only on his back, or on which side? Does he cover himself well up, or can he not bear the clothes on him? Does he easily awake, or does he sleep too soundly? How does he feel immediately after waking from sleep? How often does this or that symptom occur? What is the cause that produces it each time it occurs? Does it come on whilst sitting, lying, standing, or when in motion? Only when fasting, or in the morning, or only in the evening, or only after a meal, or when does it usually appear? When did the rigor come on? Was it merely a chilly sensation, or was he actually cold at the same time? If so, in what parts? Or while feeling chilly, was he actually warm to the touch? Was it merely a sensation of cold, without shivering? Was he hot without redness of the face? What parts of him were hot to the touch? Or did he complain of heat without being hot to the touch? How long did the chilliness last? How long the hot stage? When did the thirst come on—during the cold stage? During the heat? Or previous to it? Or subsequently to it? How great was the thirst, and what was the beverage desired? When did the sweat come on—at the beginning or the

## § 90.

When the physician has finished writing down these particulars, he then makes a note of what he himself observes in the patient,<sup>1</sup> and ascertains how much of that was peculiar to the patient in his healthy state.

## § 91.

The symptoms and feelings of the patient during a previous course of medicine do not furnish the pure picture of the disease; but, on the other hand, those symptoms and ailments which he suffered from *before the use of the medicines, or after they had been discontinued for several days*, give the true fundamental idea of the *original* form of the disease, and these especially the physician must take note of. When the disease is of a chronic character, and the patient has been taking medicine up to the time he is seen, the physician may with advantage leave him some days quite without medicine, or in the meantime administer something of an unmedicinal nature and defer to a subsequent period the more precise scrutiny of the morbid symptoms, in order to be able to grasp in their purity the permanent uncontaminated

end of the heat? Or how many hours after the heat? When asleep or when awake? How great was the sweat? Was it warm or cold? On what parts? How did it smell? What does he complain of before or during the cold stage? What during the hot stage? What after it? What during or after the sweating stage? &c.

<sup>1</sup> For example, how the patient behaved during the visit—whether he was morose, quarrelsome, hasty, lachrymose, anxious, despairing or sad, or hopeful, calm, &c. Whether he was in a drowsy state or in any way dull of comprehension; whether he spoke hoarsely, or in a low tone, or incoherently, or how otherwise did he talk? What was the colour of his face and eyes, and of his skin generally? What degree of liveliness and power was there in his expression and eyes? What was the state of his tongue, his breathing the smell from his mouth, and his hearing? Were his pupils dilated or contracted? How rapidly and to what extent did they alter in the dark and in the light? What was the character of the pulse? What the condition of the abdomen? How moist or hot, how cold or dry to the touch, was the skin of this or that part, or generally? Whether he lay with head thrown back, with mouth half or wholly open, with the arms placed above the head, on his back, or in what other position? What effort did he make to raise himself? and anything else in him that may strike the physician as being remarkable.

symptoms of the old affection and to form a faithful picture of the disease.

§ 92.

But if it be a disease of a rapid course, and if its serious character admit of no delay, the physician must content himself with observing the morbid condition, altered though it may be by medicines, if he cannot ascertain what symptoms were present before the employment of the medicines,—in order that he may at least form a just apprehension of the complete picture of the disease in its actual condition, that is to say, of the conjoint malady formed by the medicinal and original diseases, which from the use of inappropriate drugs is generally more serious and dangerous than was the original disease, and hence demands prompt and efficient aid; and by thus tracing out the complete picture of the disease he will be enabled to combat it with a suitable homœopathic remedy, so that the patient shall not fall a sacrifice to the injurious drugs he has swallowed.

§ 93.

If the disease has been brought on a short time or, in the case of a chronic affection, a considerable time previously, by some obvious cause, then the patient—or his friends when questioned privately—will mention it either spontaneously or when carefully interrogated.<sup>1</sup>

§ 94.

While inquiring into the state of chronic diseases, the particular circumstances of the patient with regard to his

<sup>1</sup> Any causes of a disgraceful character, which the patient or his friends do not like to confess, at least not voluntarily, the physician must endeavour to elicit by skilfully framing his questions, or by private information. To these belong poisoning or attempted suicide, onanism, indulgence in ordinary or unnatural debauchery, excesses in wine, cordials, punch and other ardent beverages, or coffee,—over-indulgence in eating generally, or in some particular food of a hurtful character,—infection with venereal disease or itch, unfortunate love, jealousy, domestic infelicity, worry, grief on account of some family misfortune, ill-usage, balked revenge, injured pride, embarrassment of a pecuniary nature, superstitious fear,—hunger,—or an imperfection in the private parts, a rupture, a prolapsus, and so forth.



ordinary occupations, his usual mode of living and diet, his domestic situation, and so forth, must be well considered and scrutinised, to ascertain what there is in them that may tend to produce or to maintain disease, in order that by their removal the recovery may be promoted.<sup>1</sup>

### § 95.

In chronic diseases the investigation of the signs of disease above mentioned, and of all others, must be pursued as carefully and circumstantially as possible, and the most minute peculiarities must be attended to, partly because in these diseases they are the most characteristic and least resemble those of acute diseases, and if a cure is to be effected they cannot be too accurately noted; partly because the patients become so used to their long sufferings that they pay little or no heed to the lesser accessory symptoms, which are often very pregnant with meaning (characteristic)—often very useful in determining the choice of the remedy—and regard them almost as a necessary part of their condition, almost as health, the real feeling of which they have well-nigh forgotten in their sometimes fifteen or twenty years of suffering, and they can scarcely bring themselves to believe that these accessory symptoms, these greater or lesser deviations from the healthy state, can have any connection with their principal malady.

<sup>1</sup> In chronic diseases of females it is specially necessary to pay attention to pregnancy, sterility, sexual desire, accouchements, miscarriages, suckling, and the state of the menstrual discharge. With respect to the last-named more particularly, we should not neglect to ascertain if it recurs at too short intervals, or is delayed beyond the proper time, how many days it lasts, whether its flow is continuous or interrupted, what is its general quantity, how dark is its colour, whether there is leucorrhœa (whites) before its appearance or after its termination, but especially by what bodily or mental ailments, what sensation and pains, it is preceded, accompanied or followed; if there is leucorrhœa, what is its nature, what sensations attend its flow, in what quantity it is, and what are the conditions and occasions under which it occurs?

## § 96.

Besides this, patients themselves differ so much in their dispositions, that some, especially the so-called hypochondriacs and other persons of great sensitiveness and impatient of suffering, portray their symptoms in too vivid colours and, in order to induce the physician to give them relief, describe their ailments in exaggerated expressions.<sup>1</sup>

## § 97.

Other individuals of an opposite character, however, partly from indolence, partly from false modesty, partly from a kind of mildness of disposition or weakness of mind, refrain from mentioning a number of their symptoms, describe them in vague terms, or allege some of them to be of no consequence.

## § 98.

Now, as certainly as we should listen particularly to the patient's description of his sufferings and sensations, and attach credence especially to his own expressions wherewith he endeavours to make us understand his ailments—because in the mouths of his friends and attendants they are usually altered and erroneously stated—so certainly, on the other hand, in all diseases, but especially in the chronic ones, the investigation of the true, complete picture and its peculiarities demands especial circumspection, tact, knowledge of human nature, caution in conducting the inquiry and patience in an eminent degree.

<sup>1</sup> A pure fabrication of symptoms and sufferings will never be met with in hypochondriacs, even in the most impatient of them—a comparison of the sufferings they complain of at various times when the physician gives them nothing at all, or something quite unmedicinal, proves this plainly;—but we must deduct something from their exaggeration, at all events ascribe the strong character of their expressions to their excessive sensibility, in which case this very exaggeration of their expressions when talking of their ailments becomes of itself an important symptom in the list of features of which the portrait of the disease is composed. The case is different with insane persons and rascally feigners of disease.

## § 99.

On the whole, the investigation of acute diseases, or of such as have existed but a short time, is much the easiest for the physician, because all the phenomena and deviations from the health that has been but recently lost are still fresh in the memory of the patient and his friends, still continue to be novel and striking. The physician certainly requires to know everything in such cases also ; but he has much less to *inquire into* ; they are for the most part spontaneously detailed to him.

## § 100.

In investigating the totality of the symptoms of epidemic and sporadic diseases it is quite immaterial whether or no something similar has ever appeared in the world before under the same or any other name. The novelty or peculiarity of a disease of that kind makes no difference either in the mode of examining or of treating it, as the physician must any way regard the pure picture of every prevailing disease as if it were something new and unknown, and investigate it thoroughly for itself, if he desires to practise medicine in a real and radical manner, never substituting conjecture for actual observation, never taking for granted that the case of disease before him is already wholly or partially known, but always carefully examining it in all its phases ; and this mode of procedure is all the more requisite in such cases, as a careful examination will show that every prevailing disease is in many respects a phenomenon of a unique character, differing vastly from all previous epidemics, to which certain names have been falsely applied—with the exception of those epidemics resulting from a contagious principle that always remains the same, such as smallpox, measles, &c

## § 101.

It may easily happen that in the first case of an epidemic disease that presents itself to the physician's notice

he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms. The carefully observing physician can, however, from the examination of even the first and second patients, often arrive so nearly at a knowledge of the true state as to have in his mind a characteristic portrait of it, and even to succeed in finding a suitable, homœopathically adapted remedy for it.

### § 102.

In the course of writing down the symptoms of several cases of this kind the sketch of the disease picture becomes ever more and more complete, not more spun out and verbose, but more significant (more characteristic), and including more of the peculiarities of this collective disease; on the one hand, the general symptoms (*e.g.*, loss of appetite, sleeplessness, &c.) become precisely defined as to their peculiarities; and on the other, the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent and constitute what is characteristic of this malady.<sup>1</sup> All those affected with the disease prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the *same* disease; but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge whereof, which is essential for enabling us to choose the most suitable homœopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) cannot be learned from one single patient, but is only to be perfectly deduced (abstracted) and ascertained from the sufferings of several patients of different constitutions.

<sup>1</sup> The physician who has already, in the first cases, been able to choose a remedy approximating to the homœopathic specific, will, from the subsequent cases, be enabled either to verify the suitability of the medicine chosen, or to discover a more appropriate, the most appropriate homœopathic remedy.

§ 103.<sup>(a)</sup>

In the same manner as has here been taught relative to the epidemic diseases, which are generally of an acute character, the miasmatic chronic maladies, which, as I have shown, always remain the same in their essential nature, especially the psora, must be investigated, as to the whole sphere of their symptoms, in a much more minute manner than has ever been done before, for in them also one patient only exhibits a portion of their symptoms, a second, a third, and so on, present some other symptoms, which also are but a (dissevered, as it were), portion of the totality of the symptoms which constitute the entire extent of this malady, so that the whole array of the symptoms belonging to such a miasmatic, chronic disease, and especially to the psora, can only be ascertained from the observation of *very many* single patients affected with such a chronic disease, and without a complete survey and collective picture of these symptoms the medicines capable of curing the whole malady homœopathically (to wit, the antipsorics) cannot be discovered; and these medicines are, at the same time, the true remedies of the several patients suffering from such chronic affections.

## § 104.

When the totality of the symptoms that specially mark and distinguish the case of disease or, in other words, when the picture of the disease, whatever be its kind, is once accurately sketched,<sup>1</sup> the most difficult part of the

<sup>1</sup> The old school physician gave himself very little trouble in this matter in his mode of treatment. He would not listen to any minute detail of all the circumstances of his case by the patient; indeed, he frequently cut him short in his relation of his sufferings, in order that he might not be delayed in the rapid writing of his prescription, composed of a variety of ingredients unknown to him in their true effects. No allopathic physician, as has been said, sought to learn all the minute circumstances of the patient's case, and still less did he make a note in writing of them. On seeing the patient again several days afterwards, he recollected nothing concerning the few details he had heard at the first visit (having in the meantime seen so many other patients labouring under different affections); he had allowed

task is accomplished. The physician has then the picture of the disease, especially if it be a chronic one, always before him to guide him in his treatment ; he can investigate it in all its parts and can pick out the characteristic symptoms in order to oppose to these, that is to say, to the whole malady itself, a very similar artificial morbid force, in the shape of a homœopathically chosen medicinal substance, selected from the lists of symptoms of all the medicines whose pure effects have been ascertained. And when, during the treatment, he wishes to ascertain what has been the effect of the medicine, and what change has taken place in the patient's state, at this fresh examination of the patient he only needs to strike out of the list of the symptoms noted down at the first visit those that have become ameliorated, to mark what still remain, and add any new symptoms that may have supervened.

#### § 105.

*The second point of the business of a true physician relates to acquiring a knowledge of the instruments intended for the cure of the natural diseases, investigating the pathogenetic power of the medicines, in order, when called on to cure, to be able to select from among them one, from the list of whose symptoms an artificial disease may be constructed, as similar as possible to the totality of the principal symptoms of the natural disease sought to be cured.*

everything to go in at one ear and out at the other. At subsequent visits he only asked a few general questions, went through the ceremony of feeling the pulse at the wrist looked at the tongue, and at the same moment wrote another prescription, on equally irrational principles, or ordered the first one to be continued (in considerable quantities several times a day), and, with a graceful bow, he hurried off to the fiftieth or sixtieth patient he had to visit, in this thoughtless way, in the course of that forenoon. The profession which of all others requires actually the most reflection, a conscientious, careful examination of the state of each individual patient and a special treatment founded thereon, was conducted in this manner by persons who called themselves physicians, *rational practitioners*. The result, as might naturally be expected, was almost invariably bad ; and yet patients had to go to them for advice, partly because there were none better to be had, partly for fashion's sake.

## § 106.

The whole pathogenetic effects of the several medicines must be known ; that is to say, all the morbid symptoms and alterations in the health that each of them is specially capable of developing in the healthy individual must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homœopathic remedies for most of the natural diseases.

## § 107.

If, in order to ascertain this, medicines be given to *sick* persons only, even though they be administered singly and alone, then little or nothing precise is seen of their true effects, as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of the disease and can seldom be distinctly observed.

## § 108.

There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained—there is no sure, no more natural way of accomplishing this object, than to administer the several medicines experimentally, in moderate doses, to *healthy* persons, in order to ascertain what changes, symptoms and signs of their influence each individually produces on the health of the body and of the mind ; that is to say, what disease elements they are able and tend to produce,<sup>1</sup> since, as has been demonstrated (§§ 24—27), all the curative power of medicines lies in this

<sup>1</sup> Not one single physician, as far as I know, during the previous two thousand five hundred years, thought of this so natural, so absolutely necessary and only genuine mode of testing medicines for their pure and peculiar effects in deranging the health of man, in order to learn what morbid state each medicine is capable of curing, except the great and immortal Albrecht von Haller. He alone, besides myself, saw the necessity of this (*vide* the Preface to the *Pharmacopœia Helvet.*, Basil, 1771, fol., p. 12): *Nempe primum in corpore sano medela tentanda est, sine peregrina ulla miscela ; odoreque et sapore ejus exploratis, exigua illius dosis ingerenda et ad omnes, quæ inde contingunt, affectiones, quis pulsus, qui calor, quæ respiratio, quænam excretiones, attendendum. Inde ad ductum phænomenorum, in*

power they possess of changing the state of man's health, and is revealed by observation of the latter.

### § 109.

I was the first that opened up this path, which I have pursued with a perseverance that could only arise and be kept up by a perfect conviction of the great truth, fraught with such blessings to humanity, that it is only by the homœopathic employment of medicines<sup>1</sup> that the certain cure of human maladies is possible.<sup>2</sup>

### § 110.

I saw, moreover that the morbid lesions which previous authors had observed to result from medicinal substances when taken into the stomach of healthy persons, either in large doses given by mistake or in order to produce death in themselves or others, or under other circumstances, accorded very much with my own observations when experimenting with the same substances on

sano obviorum, transeas ad experimenta in corpore aegroti,' &c. But no one, not a single physician, attended to or followed up this invaluable hint.

<sup>1</sup> It is impossible that there can be another true, best method of curing dynamic diseases (i. e., all diseases not strictly surgical) besides homœopathy, just as it is impossible to draw more than one straight line betwixt two given points. He who imagines that there are other modes of curing diseases besides it could not have appreciated homœopathy fundamentally nor practised it with sufficient care, nor could he ever have seen or read cases of properly performed homœopathic cures; nor on the other hand, could he have discerned the baselessness of all allopathic modes of treating diseases and their bad or even dreadful effects, if, with such lax indifference, he places the only true healing art on an equality with those hurtful methods of treatment, or alleges the latter to be auxiliaries to homœopathy which it could not do without! My true, conscientious followers, the pure homœopaths, with their successful, almost never-failing treatment, might teach these persons better.<sup>(a)</sup>

<sup>2</sup> The first fruits of these labours, as perfect as they could be at that time I recorded in the *Fragmenta de viribus medicamentorum positivis, sive in sano corpore humano observatis*, pts. i, ii, Lipsiæ, 8, 1805, ap. J. A. Barth; the more mature fruits in the *Reine Arzneimittellehre*, I Th., dritte Ausg.; II Th., dritte Ausg., 1833; III Th., zweite Ausg., 1825; IV Th., zw. Ausg., 1825; V Th., zw. Ausg., 1826; VI Th., zw. Ausg., 1827 [English translation, *Materia Medica Pura*, vols. i and ii]; and in the second, third, and fourth parts of *Die chronischen Krankheiten*, 1828, 1830, Dresden bei Arnold [2nd edit., with a fifth part, Düsseldorf bei Schaub, 1835, 1839].



myself and other healthy individuals. These authors give details of what occurred as histories of poisoning and as proofs of the pernicious effects of these powerful substances, chiefly in order to warn others from their use; partly also for the sake of exalting their own skill, when, under the use of the remedies they employed to combat these dangerous accidents, health gradually returned; but partly also, when the persons so affected died under their treatment, in order to seek their own justification in the dangerous character of these substances, which they then termed poisons. None of these observers ever dreamed that the symptoms they recorded merely as proofs of the noxious and poisonous character of these substances were sure revelations of the power of these drugs to extinguish curatively similar symptoms occurring in natural diseases, that these their pathogenetic phenomena were intimations of their homœopathic curative action, and that the only possible way to ascertain their medicinal powers is to observe those changes of health medicines are capable of producing in the healthy organism; for the pure, peculiar powers of medicines available for the cure of disease are to be learned neither by any ingenious *a priori* speculations, nor by the smell, taste or appearance of the drugs, nor by their chemical analysis, nor yet by the employment of several of them at one time in a mixture (prescription) in diseases; it was never suspected that these histories of medicinal diseases would one day furnish the first rudiments of the true, pure materia medica, which from the earliest times until now has consisted solely of false conjectures and fictions of the imagination—that is to say, did not exist at all.<sup>1</sup>

§ 111.

The agreement of my observations on the pure effects of medicines with these older ones—although they were

<sup>1</sup> See what I have said on this subject in the "Examination of the Sources of the Ordinary Materia Medica," prefixed to the third part of my *Reine Arzneimittellehre* [translated in the *Materia Medica Pura*, vol. ii].

recorded without reference to any therapeutic object,—and the very concordance of these accounts with others of the same kind by different authors must easily convince us that medicinal substances act in the morbid changes they produce in the healthy human body *according to fixed, eternal laws of nature*, and by virtue of these are enabled to produce *certain, reliable disease symptoms each according to its own peculiar character*.

### § 112.<sup>a</sup>

In those older prescriptions of the often dangerous effects of medicines ingested in excessively large doses we notice certain states that were produced, not at the commencement, but towards the termination of these sad events, and which were of an exactly opposite nature to those that first appeared. These symptoms, the very reverse of the *primary action* (§ 63) or proper action of the medicines on the vital force, are the reaction of the vital force of the organism, its *secondary action* (§§ 62—67), of which, however, there is seldom or hardly ever the least trace from experiments with moderate doses on healthy bodies, and from small doses none whatever. In the homœopathic curative operation the living organism reacts from these only so much as is requisite to raise the health again to the normal healthy state (§ 67).

### § 113.

The only exceptions to this are the narcotic medicines. As they, in their primary action, take away sometimes the sensibility and sensation, sometimes the irritability, it frequently happens that in their *secondary action*, even from moderate experimental doses on healthy bodies, an increased sensibility (and a greater irritability) is observable.

### § 114.

With the exception of these narcotic substances, in experiments with moderate doses of medicine on healthy bodies, we observe only their primary action. *i. e.*, those

symptoms wherewith the medicine deranges the health of the human being and develops in him a morbid state of longer or shorter duration.

### § 115.

Among these symptoms, there occur in the case of some medicines not a few which are partially, or under certain conditions, directly opposite to other symptoms that have previously or subsequently appeared, but which are not therefore to be regarded as actual *secondary action* or the mere reaction of the vital force, but which only represent the alternating state of the various paroxysms of the primary action; they are termed *alternating actions*.

### § 116.

Some symptoms are produced by the medicines more frequently—that is to say, in many individuals, others more rarely or in few persons, some only in very few healthy bodies.

### § 117.<sup>(a)</sup>

To the latter category belong the so called *idiosyncrasies*, by which are meant peculiar corporeal constitutions which, although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which *seem* to produce no impression and no change in many other individuals.<sup>1</sup> But this inability to make an impression on every one is only *apparent*. For as two things are required for the production of these as well as all other morbid alterations in the health of man—to wit, the inherent power of the influencing substance, and the capability of the vital force that animates the organism to be influenced by it—the obvious derangements of health in the so-called idiosyncrasies cannot be laid to the account of these peculiar

<sup>1</sup> Some few persons are apt to faint from the smell of roses and to fall into many other morbid, and sometimes dangerous states from partaking of mussels crabs or the roe of the barbel, from touching the leaves of some kinds of sumach, &c.

constitutions alone, but they must also be ascribed to these things that produce them, in which must lie the power of making the same impressions on all human bodies, yet in such a manner that but a small number of healthy constitutions have a tendency to allow themselves to be brought into such an obvious morbid condition by them. That these agents do actually make this impression on every healthy body is shown by this, that when employed as remedies they render effectual homœopathic service<sup>1</sup> to *all* sick persons for morbid symptoms similar to those they seem to be only capable of producing in so-called idiosyncratic individuals.

§ 118.

Every medicine exhibits peculiar actions on the human frame, which are not produced in exactly the same manner by any other medicinal substance of a different kind.<sup>2</sup>

§ 119.

As certainly as every species of plant differs in its external form, mode of life and growth, in its taste and smell from every other species and genus of plant, as certainly as every mineral and salt differs from all others, in its external as well as its internal physical and chemical properties (which alone should have sufficed to prevent any confounding of one with another), so certainly do they all differ and diverge among themselves in their pathogenetic—consequently also in their therapeutic—effects.<sup>2</sup>

<sup>1</sup> Thus the Princess Maria Porphyrognita restored her brother, the Emperor Alexius, who suffered from faintings, by sprinkling him with rose water in the presence of his aunt Endoxia (*Hist. byz. Alex. ias*, lib. xv. p. 503, ed. Posser); and Horstius (*Oper.*, iii, p. 59) saw great benefit from rose vinegar in cases of syncope. (a)

<sup>2</sup> This fact was also perceived by the estimable A. V. Haller, who says (Preface to his *Hist. stirp. helv.*): "Latet immensa virium diversitas in iis ipsis plantis, quarum facies externas dudum novimus, animas quasi et quodcunque celestius habent, nondum perspeximus."

<sup>3</sup> Anyone who has a thorough knowledge of, and can appreciate the remarkable difference of effects on the health of man of every single substance from those of every other, will readily perceive that among them there

Each of these substances produces alterations in the health of human beings in a peculiar, different, yet determinate manner, so as to preclude the possibility of confounding one with another.<sup>1(a)</sup>

### § 120.

medicines, on which depend man's life and death, disease and health, must be thoroughly and most carefully distinguished from one another, and for this purpose tested by careful, pure experiments on the healthy body for the purpose of ascertaining their powers and real effects, in order to obtain an accurate knowledge of them,

can be, in a medical point of view, no equivalent remedies whatever, no *surrogates*. Only those who do *not* know the pure, positive effects of the different medicines can be so foolish as to try to persuade us that one can serve in the stead of the other, and can in the same disease prove just as serviceable as the other. Thus do ignorant children confound the most essentially different things, because they scarcely know their external appearances, far less their real value, their true importance and their very dissimilar inherent properties.

<sup>1</sup> If this be pure truth, as it undoubtedly is, then no physician who would not be regarded as devoid of reason, and who would not act contrary to the dictates of his conscience, the sole arbiter of real worth, can employ in the treatment of diseases any medicinal substance but one with whose real significance he is thoroughly and perfectly conversant, *i. e.*, whose positive action on the health of healthy individuals he has so accurately tested that he knows for certain that it is capable of producing a very similar morbid state, more similar than any other medicine with which he is perfectly acquainted, to that presented by the case of disease he intends to cure by means of it; for, as has been shown above, neither man, nor mighty Nature herself, can effect a perfect, rapid and permanent cure otherwise than with a homœopathic remedy. Henceforth no true physician can abstain from making such experiment, in order to obtain this most necessary and only knowledge of the medicines that are essential to cure, this knowledge which has hitherto been neglected by the physicians in all ages. In all former ages—posterity will scarcely believe it—physicians have hitherto contented themselves with blindly prescribing for diseases medicines whose value was unknown, and which had *never been tested* relative to their highly important, very various, pure, dynamic action on the health of man; and, moreover, they mingled several of these unknown medicines that differed so vastly among each other in one formula, and left it to *chance* to determine what effect should thereby be produced on the patient. This is just as if a madman should force his way into the workshop of an artisan, seize upon *handfuls of very different tools, with the uses of all of which he is quite unacquainted* in order, as he imagines, to work at the objects of art he sees around him. I need hardly remark that these would be destroyed, I may say utterly ruined, by his senseless operations.

and to enable us to avoid any mistake in their employment in diseases, for it is only by correct selection of them that the greatest of all earthly blessings, the health of the body and of the mind, can be rapidly and permanently restored.

§ 121.

In proving medicines to ascertain their effects on the healthy body, it must be borne in mind that the strong, heroic substances, as they are termed, are liable even in small doses to produce changes in the health even of robust persons. Those of milder power must be given for these experiments in more considerable quantities; in order to observe the action of the very weakest, however, the subjects of experiment should be persons free from disease, and who are delicate, irritable and sensitive.

§ 122

In these experiments—on which depends the exactitude of the whole medical art, and the weal of all future generations of mankind—no other medicines should be employed except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured.

§ 123.

Each of these medicines must be taken in a perfectly simple, unadulterated form; the indigenous plants in the form of freshly expressed juice, mixed with a little alcohol to prevent it spoiling; exotic vegetable substances, however, in the form of powder, or tincture prepared with alcohol when they were in the fresh state and afterwards mingled with a certain proportion of water; salts and gums, however, should be dissolved in water just before being taken. If the plant can only be procured in its dry state, and if its powers are naturally weak, in that case there may be used for the experiment an infusion of it, made by cutting the herb into small pieces and

pouring boiling water on it, so as to extract its medicinal parts; immediately after its preparation it must be swallowed whilst still warm, as all expressed vegetable juices and all aqueous infusions of herbs, without the addition of spirit, pass rapidly into fermentation and decomposition, whereby all their medicinal properties are lost.

## 124.

For these experiments every medicinal substance must be employed quite alone and perfectly pure, without the admixture of any foreign substance, and without taking anything else of a medicinal nature the same day, nor yet on the subsequent days, nor during all the time we wish to observe the effects of the medicine.<sup>(a)</sup>

## § 125.

During all the time the experiment lasts the diet must be strictly regulated; it should be as much as possible destitute of spices, of a purely nutritious and simple character, green vegetables,<sup>1</sup> roots and all salads and herb soups (which, even when most carefully prepared, possess some disturbing medicinal qualities) should be avoided. The drinks are to be those usually partaken of, as little stimulating as possible.<sup>2</sup>

## § 126.

The person who is proving the medicine must during the whole time of the experiment avoid all over-exertion of mind and body, all sorts of dissipation and disturbing passions; he should have no urgent business to distract his attention; he must devote himself to careful self-observation and not be disturbed whilst so engaged; his body must be in what is for him a good state of health, and

<sup>1</sup> Young green peas, green French beans and in all cases carrots are allowable as the least medicinal vegetables.

<sup>2</sup> The subject of experiment must either be not in the habit of taking pure wine, brandy, coffee or tea, or he must have totally abstained for a considerable time previously from the use of these injurious beverages, some of which are stimulating, others medicinal.

he must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms.<sup>(a)</sup>

§ 127.<sup>(a)</sup>

The medicines must be tested on both males and females, in order also to reveal the alterations of the health they produce in the sexual sphere.

§ 128.<sup>(a)</sup>

The most recent observations have shown that medicinal substances, when taken in their crude state by the experimenter for the purpose of the testing their peculiar effects, do not exhibit nearly the full amount of the powers that lie hidden in them which they do when they are taken for the same object in high dilutions potentized by proper trituration and succussion, by which simple operations the powers which in their crude state lay hidden, and, as it were, dormant, are developed and roused into activity to an incredible extent. In this manner we now find it best to investigate the medicinal powers even of such substances as are deemed weak, and the plan we adopt is to give to the experimenter, on an empty stomach, daily from four to six very small globules of the thirtieth potentized dilution of such a substance, moistened with a little water, and let him continue this for several days.

§ 129.

If the effects that result from such a dose are but slight, a few more globules may be taken daily, until they become more distinct and stronger and the alterations of the health more conspicuous; for all persons are not effected by a medicine in an equally great degree; on the contrary, there is a vast variety in this respect, so that sometimes an apparently weak individual may be scarcely at all affected by moderate doses of a medicine known to be of a powerful character, whilst he is strongly enough acted on by others of a much weaker kind. And,



on the other hand, there are very robust persons who experience very considerable morbid symptoms from an apparently mild medicine, and only slighter symptoms from stronger drugs. Now, as this cannot be known beforehand, it is advisable to commence in every instance with a small dose of the drug and, where suitable and requisite, to increase the dose more and more from day to day.<sup>(a)</sup>

### § 130.

If, at the very commencement, the first dose administered shall have been sufficiently strong, this advantage is gained, that the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions, as also that of the alternating actions, is observed in the most unambiguous manner. A very moderate dose, even, often suffices for the experiment, provided only the experimenter is endowed with sufficiently delicate sensitiveness, and is very attentive to his sensations. The duration of the action of a drug can only be ascertained by a comparison of several experiments.

### § 131.

If, however, in order to ascertain anything at all, the same medicine must be given to the same person to test for several successive days in ever-increasing doses, we thereby learn, no doubt, the various morbid states this medicine is capable of producing in a general manner, but we do not ascertain their order of succession; and the subsequent dose often removes, curatively, some one or other of the symptoms caused by the previous dose, or develops in its stead an opposite state; such symptoms should be inclosed in brackets, to mark their ambiguity, until subsequent purer experiments show whether they are the reaction of the organism and secondary action or an alternating action of this medicine.

## § 132.

But when the object is, without reference to the sequential order of the phenomena and the duration of the action of the drug, only to ascertain the symptoms themselves, especially those of a weak medicinal substance, in that case the preferable course to pursue is to give it for several successive days, increasing the dose every day.<sup>(a)</sup> In this manner the action of an unknown medicine, even of the mildest nature, will be revealed, especially if tested on sensitive persons.

## § 133.

On experiencing any particular sensation from the medicine, it is useful, indeed necessary in order to determine the exact character of the symptom, to assume various positions while it lasts, and to observe whether, by moving the part affected, by walking in the room or the open air, by standing, sitting or lying the symptom is increased, diminished or removed, and whether it returns on again assuming the position in which it was first observed,—whether it is altered by eating or drinking, or by any other condition, or by speaking, coughing, sneezing or any other action of the body, and at the same time to note at what time of the day or night it usually occurs in the most marked manner, whereby what is peculiar to and characteristic of each symptom will become apparent.

## § 134.

All external influences, and more especially medicines, possess the property of producing in the health of the living organism a particular kind of alteration peculiar to themselves; but all the symptoms peculiar to a medicine do not appear in one person, nor all at once, nor in the same experiment, but some occur in one person chiefly at one time, others again during a second or third trial; in another person some other symptoms appear, but in such a manner that probably some of the phenomena

are observed in the fourth, eighth or tenth person which had already appeared in the second, sixth or ninth person, and so forth ; moreover, they may not recur at the same hour.

§ 135.

The whole of the elements of disease a medicine is capable of producing can only be brought to anything like completeness by numerous observations on suitable persons of both sexes and of various constitutions. We can only be assured that a medicine has been thoroughly proved in regard to the morbid states it can produce—that is to say, in regard to its pure powers of altering the health of man—when subsequent experimenters can notice little of a novel character from its action, and almost always only the same symptoms as had been already observed by others.

§ 136.

(Although, as has been said, a medicine, on being proved on healthy subjects, cannot develop in one person all the alterations of healthy it is capable of causing, but can only do this when given to many different individuals, varying in their corporeal and mental constitution, yet the tendency to excite all these symptoms in every human being exists in it [§ 117, according to an eternal and immutable law of nature, by virtue of which all its effects, even those that are but rarely developed in the healthy person, are brought into operation in the case of every individual if administered to him when he is in a morbid state presenting similar symptoms ; it then, even in the smallest dose, being homœopathically selected, silently produces in the patient an artificial state closely resembling the natural disease, which rapidly and permanently [homœopathically] frees and cures him of his original malady.)

§ 137.

The more moderate, within certain limits, the doses of the medicine used for such experiments are—provided we

endeavour to facilitate the observation by the selection of a person who is a lover of truth, temperate in all respects, of delicate feelings, and who can direct the most minute attention to his sensations—so much the more distinctly are the primary effects developed, and only these, which are most worth knowing, occur without any admixture of secondary effects or reactions of the vital force. When, however, excessively large doses are used there occur at the same time not only a number of secondary effects among the symptoms, but the primary effects also come on in such hurried confusion and with such impetuosity that nothing can be accurately observed; let alone the danger attending them, which no one who has any regard for his fellow-creatures, and who looks on the meanest of mankind as his brother, will deem an indifferent manner.

All the sufferings, accidents and changes of the health of the experimenter during the action of a medicine (provided the above conditions [§§ 124—127] essential to a good and pure experiment are complied with) are solely derived from this medicine, and must be regarded and registered as belonging peculiarly to this medicine, as symptoms of this medicine, even though the experimenter had observed, *a considerable time previously*, the spontaneous occurrence of similar phenomena in himself. The reappearance of these during the trial of the medicine only shows that this individual is, by virtue of his peculiar constitution, particularly disposed to have such symptoms excited in him. In this case they are the effect of the medicine; the symptoms do not arise spontaneously while the medicine that has been taken is exercising an influence over the health of the whole system, but are produced by the medicine.

§ 139.

When the physician does not make the trial of the medicine on himself, but gives it to another person, the

latter must note down distinctly the sensations, sufferings, accidents and changes of health he experiences at the time of their occurrence, mentioning the time after the ingestion of the drug when each symptom arose and, if it lasts long the period of its duration. The physician looks over the report in the presence of the experimenter immediately after the experiment is concluded, or if the trial lasts several days he does this every day, in order, whilst everything is still fresh in his memory, to question him about the exact nature of every one of these circumstances, and to write down the more precise details so elicited or to make such alterations as the experimenter may suggest.<sup>1</sup>

#### § 140.

If the person cannot write, the physician must be informed by him everyday of what has occurred to him, and how it took place. What is noted down as authentic information on this point, however, must be chiefly the voluntary narration of the person who makes the experiment, nothing conjectural and as little as possible derived from answers to leading questions should be admitted; everything must be ascertained with the same caution as I have counselled above (§§ 84—99) for the investigation of the phenomena and for tracing the picture of natural diseases.

#### § 141.

But the best provings of the pure effects of simple medicines in altering the human health, and of the artificial diseases and symptoms they are capable of developing in the healthy individual, are those which the healthy, unprejudiced and sensitive *physician institutes on himself* with all the caution and care here enjoined.

<sup>1</sup> He who makes known to the medical world the results of such experiments becomes thereby responsible for the trustworthiness of the person experimented on and his statements, and justly so, as the weal of suffering humanity is here at stake.

He knows with the greatest certainty the things he has experienced in his own person.<sup>1</sup>

### § 142

But how symptoms<sup>2</sup> of the simple medicine employed for a curative purpose can be distinguished amongst the symptoms of the original malady, even in diseases, especially in those of a chronic character that usually remain unaltered, is a subject appertaining to the

<sup>1</sup> Those trials made by the physician on himself have for him other and inestimable advantages. In the first place, the great truth that the medicinal virtue of all drugs, whereon depends their curative power, lies in the changes of health he has himself undergone from the medicines he has proved, and the morbid states he has himself experienced from them, becomes for him an incontrovertible fact. Again, by such noteworthy observations on himself he will be brought to understand his own sensations, his mode of thinking and his disposition (the foundation of all true wisdom) and he will be also trained to be, what every physician ought to be, a good observer. All our observations on others are not nearly so interesting as those made on ourselves. The observer of others must always dread lest the experimenter did not feel exactly what he said, or lest he did not describe his sensations with the most appropriate expressions. He must always remain in doubt whether he has not been deceived, at least to some extent. These obstacles to the knowledge of the truth, which can never be thoroughly surmounted in our investigations of the artificial morbid symptoms that occur in others from the ingestion of medicines, cease entirely when we make the trials on ourselves. He who makes these trials on himself knows for certain what he has felt, and each trial is a new inducement for him to investigate the powers of other medicines. He thus becomes more and more practised in the art of observing, of such importance to the physician, by continuing to observe himself, the one on whom he can most rely and who will never deceive him; and this he will do all the more zealously as these experiments on himself promise to give him a reliable knowledge of the true value and significance of the instruments of cure that are still to a great degree unknown to our art. Let it not be imagined that such slight indispositions caused by taking medicines for the purpose of proving them can be in the main injurious to the health. Experience shows on the contrary, that the organism of the prover becomes, by these frequent attacks on his health, all the more expert in repelling all external influences inimical to his frame and all artificial and natural morbid noxious agents, and becomes more hardened to resist everything of an injurious character, by means of these moderate experiments on his own person with medicines. His health becomes more unalterable; he becomes more robust, as all experience shows.(a)

<sup>2</sup> Symptoms which, during the whole course of the disease, might have been observed only a long time previously, or never before, consequently new ones, belonging to the medicine.

higher art of judgment, and be left exclusively to masters in observation.

§ 143.

If we have thus tested on the healthy individual a considerable number of simple medicines and carefully and faithfully registered all the disease elements and symptoms they are capable of developing as artificial disease-producers, then only have we a true *materia medica*—a collection of real, pure, reliable<sup>1</sup> modes of action of simple medicinal substances, a volume of the book of nature, wherein is recorded a considerable array of the peculiar changes of the health and symptoms ascertained to belong to each of the powerful medicines, as they were revealed to the attention of the observer, in which the likeness of the (homœopathic) disease elements of many natural diseases to be hereafter cured by them are present, which, in a word, contain artificial morbid states, that furnish for the similar natural morbid states the only true, homœopathic, that is to say, specific, therapeutic instruments for effecting their certain and permanent cure.

§ 144.

From such a *materia medica* everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded; everything should be the pure language of nature carefully and honestly interrogated.

§ 145.

Of a truth, it is only by a very considerable store of medicines accurately known in respect of these their pure modes of action in altering the health of man, that we can be placed in a position to discover a

<sup>1</sup> Latterly it has been the habit to entrust the proving of medicines to unknown persons at a distance, who were paid for their work, and the information so obtained was printed. But by so doing, the work which is of all others the most important, which is to form the basis of the only true healing art, and which demands the greatest moral certainty and trustworthiness, seems to me, I regret to say, to become doubtful and uncertain in its results and to lose all value.(a)

homœopathic remedy, a suitable artificial (curative) morbid analogue for *each* of the infinitely numerous morbid states in nature, for *every* malady in the world.<sup>1</sup> In the meantime, even now—thanks to the truthful character of the symptoms,<sup>(a)</sup> and to the abundance of disease elements which every one of the powerful medicinal substances has already shown in its action on the healthy body—but few diseases remain, for which a tolerably suitable homœopathic remedy may not be met with among those now proved as to their pure action,<sup>2</sup> which, without much disturbance, restores health in a gentle, sure and permanent manner—*infinitely* more surely and safely than can be effected by all the general and special therapeutics of the old allopathic medical art with its unknown composite remedies, which do but alter and aggravate but cannot cure chronic diseases, and rather retard than promote recovery from acute diseases (a)\*

#### § 146.<sup>(a)</sup>

*The third point* of the business of a true physician relates to the *judicious employment* of the artificial morbid agents (*medicines*) that have been proved on healthy individuals to ascertain their pure action, *in order to effect the homœopathic cure of natural diseases.*

#### § 147.

Whichever of these medicines that have been investigated as to their power of altering man's health we find to contain in the symptoms observed from its use the greatest similarity to the totality of the symptoms of a

<sup>1</sup> At first\* I was the only person who made the proving of the pure powers of medicines the most important of his occupations. Since then I have been assisted in this by some young men, who instituted experiments on themselves, and whose observations I have critically revised. But what shall we not be able to effect in the way of curing in the whole extent of the infinitely large domain of disease, when numbers of *accurate and trustworthy* observers shall have rendered their services in enriching this, the only true materia medica, by careful *experiments on themselves* ! The healing art will then come near the mathematical sciences in certainty.

<sup>2</sup> See the second note to § 109.

\*In the sixth edition are added the following words "and frequently endanger life."

\*In the sixth edition are added the following words "about forty years ago."



given natural disease, this medicine will and must be the most suitable, the most certain homœopathic remedy for the disease ; in it is found the specific remedy of this case of disease.

§ 148. \*

A medicine selected in this manner, which has the power and the tendency to produce symptoms the most similar possible to the disease to be cured, consequently a similar artificial disease, given in a suitable dose, affects, in its dynamic action on the morbidly deranged vital force of the individual, those very parts and points in the organism now suffering from the natural disease, and produces in them its own artificial disease, which, on account of its great similarity and prepondering strength, occupies precisely the seat hitherto occupied by the natural morbid derangement, so that the instinctive, automatic vital force is from that time forward no longer affected by the natural disease but solely by stronger, similar medicinal disease ; which in its turn, on account of the small dose of the remedy, being, like every moderate medicinal disease, overcome by the increased energy of the vital force, soon spontaneously disappears, leaving the body free from all disease, that is to say, healthy and permanently cured.

§ 149. \*

When the suitable homœopathic remedy has been thus selected<sup>1</sup> and rightly employed, the acute disease we wish

<sup>1</sup> But this laborious, sometimes very laborious, search for and selection of the homœopathic remedy most suitable in every respect to each morbid state, is an operation which, notwithstanding all the admirable books for facilitating it, still demands the study of the original sources themselves, and at the same time a great amount of circumspection and serious deliberation, which have their best reward in the consciousness of having faithfully discharged our duty. How could this laborious, care-demanding task, by which alone the best way of curing diseases is rendered possible, please the gentlemen of the new mongrel sect who assume the honourable name of homœopathists, and even seem to employ medicines in form and appearance homœopathic, but determined upon by them anyhow (*quidquid in buccam venit*), and who, when the unsuitable remedy does not immediately give relief, in place of laying the blame on their unpardonable ignorance and laxity in performing the

\* This section and the following are wholly re-written in the sixth edition.

to cure; even though it be of a grave character and attended by many sufferings, subsides insensibly, in a few hours if it be of recent date, in a few days if it be of a somewhat longer standing, along with all traces of indisposition, and nothing or almost nothing more of the artificial medicinal disease is perceived; there occurs, by rapid, imperceptible transitions, nothing but restored health, recovery. Diseases of long standing (and especially such as are of a complicated character) require for their cure a proportionately longer time. More especially do the chronic medicinal dyscrasia so often produced by allopathic bungling, along with the natural disease left uncured by it, require a much longer time for their recovery; often, indeed, are they incurable, in consequence of the shameful robbery of the patient's strength and juices, the principal feat performed by allopathy in its so-called methods of treatment.

### § 150.

If a patient complain of one or more trivial symptoms, that have been only observed a short time previously, the

most important and serious of all human affairs, ascribe it to homœopathy, which they accuse of great imperfection (if the truth be told, its imperfection consists in this, that the most suitable homœopathic remedy for each morbid condition does not spontaneously fly into their mouths like roasted pigeons, without any trouble on their own part). They know, however, from frequent practice, how to make up for the inefficiency of the scarcely half homœopathic remedy by the employment of allopathic means, that come much more handy to them, among which one or more dozens of leeches applied to the affected part, or little harmless venesections to the extent of eight ounces, and so forth, play an important part: and should the patient, in spite of all this, recover, they extol their venesections, leeches, &c., alleging that, had it not been for these, the patient would not have been pulled through, and they give us to understand, in no doubtful language, that these operations, derived without much exercise of genius from the pernicious routine of the old school in reality contributed the best share towards the cure. But if the patient die under the treatment, as not unfrequently happens, they seek to console the friends by saying that "they themselves were witnesses that everything conceivable had been done for the lamented disease!" Who would do this frivolous and pernicious tribe the honour to call them, after the name of the very laborious but salutary art, *homœopathic physicians*? May the just recompense await them, that, when taken ill, they may be treated in the same manner! (a)

physician should not regard this as a fully developed disease that requires serious medical aid. A slight alteration in the diet and regimen will usually suffice to dispel such an indisposition.

### § 151.

But if the patient complain of a few violent sufferings, the physician will usually find, on investigation, several other symptoms besides, although of a slighter character, which furnish a complete picture of the disease.

### § 152.

The worse the acute disease is, of so much the more numerous and striking symptoms is it generally composed, but with so much the more certainty may a suitable remedy for it be found, if there be a sufficient number of medicines known, with respect to their positive action, to choose from. Among the lists of symptoms of many medicines it will not be difficult to find one from whose separate disease elements an antitype of curative artificial disease, very like the totality of the symptoms of the natural disease, may be constructed, and such a medicine is the desired remedy.

### § 153.

In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms<sup>1</sup> of the case

<sup>1</sup> Dr. von Bönninghausen, who has already distinguished himself by his labours in connection with the new system of medicine, has lately increased our obligation to him by the publication of his important little book setting forth the characteristic symptoms, more particularly of the antipsoric medicines, entitled *Uebersicht der Hauptwirkungs-Sphäre der antips. Arz.*, Münster, bei Coppenrath, 1833, and the appendix thereto (containing the antisycphilitic and the antisycotic medicines) at the end of the second edition of his *Systematisch-alphabetisches Repertorium der antipsorischen Arzneien* bei Coppenrath in Münster.

of disease are chiefly and most solely to be kept in view ; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms : loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.

#### § 154.

If the antitype constructed from the list of symptoms of the most suitable medicine contain those peculiar, uncommon, singular and distinguishing (characteristic) symptoms, which are to be met with in the disease to be cured in the greatest number and in the greatest similarity, *this* medicine is the most appropriate homœopathic specific remedy for *this* morbid state ; the disease, if it be not one of very long standing, will generally be removed and extinguished by the first dose of it, without any considerable disturbance.

#### § 155.

I say *without any considerable disturbance*. For in the employment of this most appropriate homœopathic remedy it is only the symptoms of the medicine that correspond to the symptoms of the disease that are called into play, the former occupying the place of the latter (weaker in the organism, and thereby annihilating them by overpowering them ; but the other symptoms of the homœopathic medicine, which are often very numerous, being in no way applicable to the case of disease in question, are not called into play at all. The patient, growing hourly better, feels almost nothing of them at all, because the excessively minute dose requisite for homœopathic use is much too weak to produce the other symptoms of the medicine that are not homœopathic to the case, in those

parts of the body that are free from disease, and consequently can allow only the homœopathic symptoms to act on the parts of the organism that are already most irritated and excited by the similar symptoms of the disease, thus changing the morbid affection of the vital force into a similar but stronger medicinal disease, whereby the original malady is extinguished.

§ 156.<sup>(a)</sup>

There is, however, almost no homœopathic medicine, be it ever so suitably chosen, that, especially if it should be given in an insufficiently minute dose, will not produce, in very irritable and sensitive patients, at least one trifling, unusual disturbance, some slight new symptoms whilst its action lasts; for it is next to impossible that medicine and disease should cover one another symptomatically as exactly as two triangles with equal sides and equal angles. But this (in ordinary circumstances) unimportant difference will be easily done away with by the potential activity (energy) of the living organism, and is not perceptible by patients not excessively delicate; the restoration goes forward, notwithstanding, to the goal of perfect recovery, if it be not prevented by the action of heterogeneous medicinal influences upon the patient, by errors of regimen or by excitement of the passions.

§ 157.<sup>(a)</sup>

But though it is certain that a homœopathically selected remedy does, by reason of its appropriateness and the minuteness of the dose, gently remove and annihilate the acute disease analogous to it, without manifesting its other unhomœopathic symptoms, that is to say, without the production of new, serious disturbances, yet it usually, immediately after ingestion—for the first hour, or for a few hours—causes a kind of slight aggravation (where the dose has been somewhat too large, however, for a considerable number of hours) which has so much resemblance to the original disease that it seems to the patient to be an aggravation of his own disease. But it is,

in reality, nothing more than an extremely similar *medicinal disease*, somewhat exceeding in strength the original affection.

### § 158.

This slight *homœopathic aggravation* during the first hours—a very good prognostic that the acute disease will most probably yield to the first dose—is quite as it ought to be, as the medicinal disease must naturally be somewhat stronger than the malady to be cured if it is to overpower and extinguish the latter, just as a natural disease can remove and annihilate another one similar to it only when it is stronger than the latter (§§ 43—48).

### § 159.

The smaller the dose of the homœopathic remedy is, so much the slighter and shorter is this apparent increase of the disease during the first hours.

### § 160.

But as the dose of a homœopathic remedy can scarcely ever be made so small that it shall not be able to relieve, overpower, indeed completely cure and annihilate the uncomplicated natural disease of not long standing that is analogous to it (§ 249, note), we can understand why a dose of an appropriate homœopathic medicine, not the very smallest possible, does always, during the first hour after its ingestion, produce a perceptible homœopathic aggravation of this kind.<sup>1</sup>

<sup>1</sup> This exaltation of the medicinal symptoms over those disease symptoms analogous to them, which looks like an aggravation, has been observed by other physicians also, when by accident they employed a homœopathic remedy. When a patient suffering from itch complains of an increase of the eruption after sulphur, his physician who knows not the cause of this, consoles him with the assurance that the itch must first come out properly before it can be cured; he knows not, however, that this is a sulphur eruption, that assumes the appearance of an increase of the itch.

"The facial eruption which the *viola tricolor* cured was aggravated by it at the commencement of its action," Leroy tells us (*Heilk. für Mutter*, p. 406), but he knew not that the apparent aggravation was owing to the somewhat too large dose of the remedy, which in this instance was to a certain

§ 161.<sup>(a)</sup>

When I here limit the so-called homœopathic aggravation, or rather the primary action of the homœopathic medicine that seems to increase somewhat the symptoms of the original disease, to the first or few first hours, this is certainly true with respect to diseases of a more acute character and of recent origin;<sup>1</sup> but where medicines of long action have to combat a malady of considerable or of very long standing,\* where one dose, consequently, must continue to act for many days, we then occasionally see, during the first six, eight or ten days, the occurrence of some such primary actions of the medicine, some such apparent increase of the symptoms of the original disease (lasting for one or several hours), whilst in the intervening hours amelioration of the whole malady is perceptible. After the lapse of these few days the amelioration resulting from such primary action of the medicine proceeds almost uninterruptedly for several days longer.

## § 162.

It sometimes happens, *owing to the moderate number of medicines yet known with respect to their true, pure action*, that but a *portion* of the symptoms of the disease under treatment are to be met with in the list of symptoms of the most appropriate medicine, consequently this imperfect

extent homœopathic Lysons says (*Med. Transact.*, vol ii, London, 1772). "The bark of the elm cures most certainly those skin diseases which it increases at the beginning of its action." Had he not given the bark in the monstrous doses usual in the allopathic system, but in the quite small doses requisite when the medicine shows similarity of symptoms, that is to say, when it is used homœopathically, he would have effected a cure without, or almost without, seeing this apparent increase of the disease (homœopathic aggravation).

<sup>1</sup> If the action of those medicines to which the longest duration of action is proper, quickly expires in acute diseases—most quickly in those that are most acute—it is proportionately long lasting in chronic diseases (of psoric origin) and hence it happens that the antipsoric medicines often do not show any such homœopathic aggravation in the first hours, while they do so later and during various hours for the first eight or ten days.

\* The remaining lines in this section are re-written in the Sixth edition.

medicinal morbid agent must be employed for lack of a more perfect one

## § 163.

In this case we cannot indeed expect from this medicine a complete, untroubled cure ; for during its use some symptoms appear which were not previously observable in the disease, accessory symptoms of the not perfectly appropriate remedy. This does by no means prevent a considerable part of the disease (the symptoms of the disease that resemble those of the medicine) from being eradicated by this medicine, thereby establishing a fair commencement of the cure, but still this does not take place without those accessory symptoms, which are, however, always moderate when the dose of the medicine is sufficiently minute.

## § 164.

The small number of homœopathic symptoms present in the best selected medicine is no obstacle to the cure in cases *where these few medicinal symptoms are chiefly of an uncommon kind and such as are peculiarly distinctive (characteristic) of the disease* ; the cure takes place under such circumstances without any particular disturbance.

## § 165.

If, however, among the symptoms of the remedy selected there be none that accurately resemble the distinctive (characteristic), peculiar, uncommon symptoms of the case of disease, and if the remedy correspond to the disease only in the general, vaguely described, indefinite states (nausea, debility, headache, and so forth), and if there be among the known medicines none more homœopathically appropriate, in that case the physician cannot promise himself any immediate favourable result from the employment of this unhomœopathic medicine.



## § 166.

Such a case is, however, *very rare*, owing to the increased number of medicines whose effects are now known, and the bad effects resulting from it, when they do occur, are diminished whenever a subsequent medicine, of more accurate resemblance, can be selected

## § 167.

Thus if there occur, during the use of this imperfectly homoeopathic remedy first employed, accessory symptoms of some moment, then, in the case of acute diseases, we do not allow this first dose to exhaust its action, nor leave the patient to the full duration of the action of the remedy, but we investigate afresh the morbid state in its now altered condition, and add the remainder of the original symptoms to those newly developed in tracing a new picture of the disease.

## § 168.

We shall then be able much more readily to discover, among the known medicines, an analogue to the morbid state before us, a single dose of which, if it do not entirely destroy the disease, will advance it considerably on the way to be cured. And thus we go on, if even this medicine be not quite sufficient to effect the restoration of health, examining again and again the morbid state that still remains, and selecting a homoeopathic medicine as suitable as possible for it, until our object, namely, putting the patient in the possession of perfect health, is accomplished.

## § 169.

If, on the first examination of a disease and the first selection of a medicine, we should find that the totality of the symptoms of the disease would not be effectually covered by the disease elements of a single medicine—owing to the insufficient number of known medicines,—but that two medicines contend for the preference in

point of appropriateness, one of which is more homoeopathically suitable for one part, the other for another part of the symptoms of the disease, it is not advisable, after the employment of the more suitable of the two medicines, to administer the other without fresh examination, for the medicine that seemed to be the next best would not, under the change of circumstances that has in the meantime taken place, be suitable for the rest of the symptoms that then remain ; in which case, consequently, a more appropriate homoeopathic remedy must be selected in place of the second medicine for the set of symptoms as they appear on a new inspection.

## 170.

Hence in this and in every case where a change of the morbid state has occurred, the remaining set of symptoms now present must be inquired into, and (without paying any attention to the medicine which at first appeared to be the next in point of suitability) another homoeopathic medicine, as appropriate as possible to the new state now before us, must be selected. If it should so happen, as is not often the case, that the medicine which at first appeared to be the next best seems still to be well adapted for the morbid state that remains, so much the more will it merit our confidence, and deserve to be employed in preference to another.

§ 171.<sup>(a)</sup>

In non-venereal chronic diseases, those, therefore, that arise from psora, we often require, in order to effect a cure, to give several antipsoric remedies in succession, every successive one being homoeopathically chosen in consonance with the group of symptoms remaining after\* the expiry of the action of the previous remedy (which may have been employed in a single dose or in several successive doses).

\* The remaining portion of the sentence is changed in the sixth edition thus : completion of the action of the previous remedy.

## § 172.

A similar *difficulty* in the way of the cure occurs *from the symptoms of the disease being too few*—a circumstance that deserves our careful attention, for by its removal almost all the difficulties that can lie in the way of this most perfect of all possible modes of treatment (except that its apparatus of known homoeopathic medicines is still incomplete) are removed.

## § 173.

The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed *one-sided*, because they display only one or two principal symptoms which obscure almost all the others. They belong chiefly to the class of chronic diseases.

## § 174.

Their principal symptom may be either an internal complaint (*e. g.* a headache of many years' duration, a diarrhoea of long standing, an ancient cardialgia, &c.), or it may be an affection more of an external kind. Diseases of the latter character are generally distinguished by the name of *local maladies*.

## § 175.

In one-sided diseases of the first kind it is often to be attributed to the medical observer's want of discernment that he does not fully discover the symptoms actually present which would enable him to complete the sketch of the portrait of the disease.

## § 176.

There are, however, still a few diseases, which, after the most careful initial examination (§§ 84—98), present but one or two severe, violent symptoms, while all the others are but indistinctly perceptible.

## § 177.

In order to meet most successfully such a case as *this*, which is of *very rare* occurrence, we are in the first place to select, guided by these few symptoms, the medicine which in our judgment is the most homoeopathically indicated.

## § 178.

It will, no doubt, sometimes happen that this medicine, selected in strict observance of the homoeopathic law, furnishes the similar artificial disease suited for the annihilation of the malady present; and this is much more likely to happen when these few morbid symptoms are very striking, decided, uncommon and peculiarly distinctive (characteristic).

## § 179.

More frequently, however, the medicine first chosen in such a case will be only partially, that is to say, not exactly suitable, as there was no considerable number of symptoms to guide to an accurate selection.

## § 180.

In this case medicine, which has been chosen as well as was possible, but which, for the reason above stated, is only imperfectly homoeopathic, will, in its action upon the disease that is only partially analogous to it—just as in the case mentioned above (§ 162. *et seq.*), where the limited number of homoeopathic remedies renders the selection imperfect—produce accessory symptoms, and several phenomena from its own array of symptoms are mixed up with the patient's state of health, *which are, however, at the same time, symptoms of the disease itself, although they may have been hitherto never or very rarely perceived*; some symptoms which the patient had never previously experienced appear, or others he had only felt indistinctly become more pronounced.

## § 181.

Let it not be objected that the accessory phenomena and new symptoms of this disease that now appear should be laid to the account of the medicament just employed. They owe their origin to it<sup>1</sup> certainly, but they are always only symptoms of such a nature as *this* disease was itself capable of producing in *this* organism, and which were summoned forth and induced to make their appearance by the medicine given, owing to its power to cause similar symptoms. In a word, we have to regard the whole collection of symptoms now perceptible as belonging to the disease itself, as the actual existing condition, and to direct our further treatment accordingly.

## § 182.

Thus the imperfect selection of the medicament, which was in this case almost inevitable owing to the too limited number of the symptoms present, serves to complete the display of the symptoms of the disease, and in this way facilitates the discovery of a second, more accurately suitable, homoeopathic medicine.

## § 183.

Whenever, therefore, the dose of the first medicine causes to have a beneficial effect (if the newly developed symptoms do not, by reason of their gravity, demand more speedy aid—which, however, from the minuteness of the dose of homoeopathic medicine, and in very chronic diseases, is excessively rare), a new examination of the disease must be instituted, the *status morbi* as it now is must be noted down, and a second homoeopathic remedy selected in accordance with it, which shall exactly suit the present state, and one which shall be all the more appropriate can then be found, as the group of symptoms has become larger and more complete.<sup>2</sup>

<sup>1</sup> When they were not caused by an important error in regimen, a violent emotion, or a tumultuous revolution in the organism, such as the occurrence or cessation of the menses, conception, childbirth, and so forth.

<sup>2</sup> In cases where the patient (which, however, happens excessively seldom

## § 184.

In like manner, after each new dose of medicine has exhausted its action, the state of the disease that still remain is to be noted anew with respect to its remaining symptoms, and another homoeopathic remedy sought for, as suitable as possible for the group of symptoms now observed, and so on until the recovery is complete.

## § 185.

Among the one-sided diseases an important place is occupied by the so-called *local maladies*, by which term is signified those changes and ailments that appear on the external parts of the body. Till now the idea prevalent in the schools was that these parts were alone morbidly affected, and that the rest of the body did not participate in the disease—a theoretical, absurd doctrine, which has led to the most disastrous medical treatment.

## § 186.

Those so-called local maladies which have been produced a short time previously, solely by an external lesion, still appear at first sight to deserve the name of *local* diseases. But then the lesion must be very trivial, and in that case it would be of no great moment. For in the case of injuries accruing to the body from without, if they be at all severe, the whole living organism sympathises; there occur fever, &c. The treatment of such diseases is relegated to surgery; but this is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means, *e. g.*, by the

in chronic, but not infrequently in acute, disease) feels very ill, although his symptoms are very indistinct, so that this state may be attributed more to the benumbed state of the nerves, which does not permit the patient's pains and sufferings to be distinctly perceived, this torpor of the internal sensibility is removed by opium, and in its secondary action the symptoms of the disease become distinctly apparent.<sup>(a)</sup>

reduction of dislocations, by bandages to bring together the lips of wounds, by the extraction of foreign bodies that have penetrated into the living parts, by making an opening into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids, by bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate bandage, &c. But when in such injuries the whole living organism requires, *as it always does*, active *dynamic* aid to put it in a position to accomplish the work of healing, *e. g.* when the violent fever resulting from extensive contusions, lacerated muscles, tendons and blood-vessels requires to be removed by medicine given internally, or when the external pain of scalded or burnt parts needs to be homœopathically subdued, then the services of the dynamic physician and his helpful homœopathy come into requisition.

#### § 187.<sup>(a)</sup>

But those affections, alterations and ailments appearing in the external parts, that do not arise from any external injury or that have only some slight external wound for their immediate exciting cause, are produced in quite another manner; their source lies in some internal malady. To consider them as mere local affections, and at the same time to treat them only, or almost only, as it were surgically, with topical applications—as the old school have done from the remotest ages—is as absurd as it is pernicious in its results.

#### § 188.<sup>(a)</sup>

These affections were considered to be merely topical, and were therefore called local diseases, as if they were maladies exclusively limited to those parts wherein the organism took little or no part, or affections of these particular visible parts of which the rest of the living organism, so to speak, knew nothing.<sup>1</sup>

<sup>1</sup> One of the many great and pernicious blunders of the old school.

## § 189.

And yet very little reflection will suffice to convince us that no external malady (not occasioned by some important injury from without) can arise, persist or even grow worse without some internal cause, without the co operation of the whole organism, which must consequently be in a diseased state. It could not make its appearance at all without the consent of the whole of the rest of the health, and without the participation of the rest of the living whole (of the vital force that pervades all the other sensitive and irritable parts of the organism);<sup>(a)</sup> indeed, it is impossible to conceive its production without the instrumentality of the whole (deranged) life; so intimately are all parts of the organism connected together to form an indivisible whole in sensations and functions. No eruption on the lips, no whitlow can occur without previous and simultaneous internal ill-health.

## § 190.

All true medical treatment of a disease on the external parts of the body that has occurred from little or no injury from without must, therefore, be directed against the whole, must effect the annihilation and cure of the general malady by means of internal remedies, if it is wished that the treatment should be judicious, sure, efficacious and radical.

## § 191.

This is confirmed in the most unambiguous manner by experience, which shows in all cases that every powerful internal medicine immediately after its ingestion causes important changes in the general health of such a patient, and particularly in the affected external parts (which the ordinary medical school regards as quite isolated), even in a so-called local disease of the most external parts of the body, and the change it produces is most salutary, being the restoration to health of the entire body, along with the disappearance of the external



affection (without the aid of any external remedy), provided the internal remedy directed towards the whole state was suitably chosen in a homœopathic sense.

### § 192.

This is best effected when, in the investigation of the case of disease, along with the exact character of the local affection, all the changes, sufferings and symptoms observable in the patient's health, and which may have been previously noticed when no medicines had been used, are taken in conjunction to form a complete picture of the disease before searching among the medicines, whose peculiar pathogenetic effects are known, for a remedy corresponding to the totality of the symptoms, so that the selection may be truly homœopathic.

### § 193.

By means of this medicine, employed only internally (and, if the disease be but of recent origin often by the very first dose of it), the general morbid state of the body is removed along with the local affection, and the latter is cured at the same time as the former, proving that the local affection depended solely on a disease of the rest of the body, and should only be regarded as an inseparable part of the whole, as one of the most considerable and striking symptoms of the whole disease.

### § 194.<sup>(a)</sup>

It is not useful, either in acute local diseases of recent origin or in local affections that have already existed a long time, to rub in or apply externally to the spot an external remedy, even though it be the specific and, when used internally, salutary by reason of its homœopathicity, even although it should be at the same time administered internally; for the acute topical affections (*e g.* inflammations of individual parts, erysipelas, &c.), which have not been caused by external injury of proportionate violence, but by dynamic or internal causes, yield most surely to internal remedies homœopathically adapted

to the perceptible state of the health present in the exterior and interior, selected from the general store of proved medicines,<sup>1</sup> and generally without any other aid; but if these disease do not yield to them completely, and if there still remain in the affected spot and in the whole state, notwithstanding good regimen, a relic of disease which the vital force is not competent to restore to the normal state, then the acute disease was (as not infrequently happens) a product of psora which had hitherto remained latent in the interior, but has now burst forth and is on the point of developing into a palpable chronic disease

### § 195.

In order to effect a radical cure in such cases, which are by no means rare, after the acute state has pretty well subsided, an appropriate antipsoric treatment (as is taught in my work on *Chronic Diseases*) must then be directed against the symptoms that still remain and the morbid state of health to which the patient was previously subject. In chronic local maladies that are not obviously venereal, the antipsoric internal treatment is, moreover, alone requisite.

### § 196.

It might, indeed, seem<sup>(a)</sup> as though the cure of such diseases would be hastened by employing the medicinal substance which is known to be truly homœopathic to the totality of the symptoms, not only internally but also externally,<sup>(a)</sup> because the action of a medicine applied to the seat of the local affection might effect a more rapid change in it.

### § 197.

This treatment, however, is quite inadmissible, not only for the local symptoms arising from the miasm of psora, but also and especially for those originating in the miasm of syphilis or sycosis, for *the simultaneous local*

<sup>1</sup> As, for instance, aconite, rhus, belladonna, mercury, &c.

*application, along with the internal employment, of the remedy in diseases whose chief symptom is a constant local affection*, has this great disadvantage, that, by such a topical application, this chief symptom (local affection)<sup>1</sup> will usually be annihilated sooner than the internal disease, and we shall now be deceived by the semblance of a perfect cure; or at least it will be difficult, and in some cases impossible, to determine, from the premature disappearance of the local symptoms, if the general disease is destroyed by the simultaneous employment of the internal medicine.

### § 198 (a)

The *mere topical employment* of medicines, that are powerful for cure when given internally, to the local symptoms of chronic miasmatic diseases is for the same reason quite inadmissible; for if the local affection of the chronic disease be only removed locally and in a one-sided manner, the internal treatment indispensable for the complete restoration of the health remains in dubious obscurity; the chief symptom (the local affection) is gone, and there remain only the other, less distinguishable symptoms, which are less constant and less persistent than the local affection, and frequently not sufficiently peculiar and too slightly characteristic to display after that, a picture of the disease in clear and peculiar outlines.

### § 199.

If the remedy perfectly homœopathic to the disease had not yet been discovered<sup>2</sup> at the time when the local symptoms were destroyed by a corrosive or desiccative external remedy or by the knife, then the case becomes much more difficult on account of the too indefinite (uncharacteristic) and inconstant appearance of the remaining symptoms; for what might have contributed most to determine the selection of the most suitable remedy, and

<sup>1</sup> Recent itch eruption, chancre, condyloma.

<sup>2</sup> As was the case before my time with the remedies for the condylomatous disease (and the antipsoric medicines).

its internal employment until the disease should have been completely annihilated, namely, the external principal symptom, has been removed from our observation.

#### § 200.

Had it still been present to guide the internal treatment, the homœopathic remedy for the whole disease might have been discovered, and had that been found, the persistence of the local affection during its internal employment would have shown that the cure was not yet completed; but were it cured on its seat, this would be a convincing proof that the disease was completely eradicated, and the desired recovery from the entire disease was fully accomplished—an inestimable, indispensable advantage.

#### § 201.<sup>(a)</sup>

It is evident that man's vital force, when encumbered with a chronic disease which it is unable to overcome by its own powers, adopts the plan of developing a local malady on some external part, solely for this object, that by making and keeping in a diseased state this part which is not indispensable to human life, it may thereby silence the internal disease, which otherwise threatens to destroy the vital organs (and to deprive the patient of life), and that it may thereby, so to speak, transfer the internal disease to the vicarious local affection and, as it were, draw it thither. The presence of the local affection thus silences, for a time, the internal disease, though without being able either to cure it or to diminish it materially.<sup>1</sup> The local affection, however, is never anything else than a part of the general disease, but a part of it increased all in one direction by the organic vital force, and transferred to a less dangerous (external) part

<sup>1</sup> The issues of the old-school practitioners do something similar; as artificial ulcers on external parts, they silence some internal chronic diseases, but only for a very short time, without being able to cure them; but, on the other hand, they weaken and destroy the general health much more than is done by most of the metastases effected by the instinctive vital force.(a)

of the body, in order to allay the internal ailment. But (as has been said) by this local symptom that silences the internal disease, so far from anything being gained by the vital force towards diminishing or curing the whole malady, the internal disease, on the contrary, continues, in spite of it, gradually to increase and Nature is constrained to enlarge and aggravate the local symptom always more and more, in order that it may still suffice as a substitute for the increased internal disease and may still keep it under. Old ulcers on the legs get worse as long as the internal psora is uncured, the chancre enlarges as long as the internal syphilis remains uncured, just as the general internal disease continues to increase as time goes on.

If the old-school physician should now destroy the local symptom by the topical application of external remedies, under the belief that he thereby cures the whole disease, Nature makes up for its loss by rousing the internal malady and the other symptoms that previously existed in a latent state side by side with the local affection; that is to say, she increases the internal disease. When this occurs it is usual to say, though *incorrectly*, that the local affection has been *driven back* into the system or upon the nerves by the external remedies.

### § 203.

Every external treatment of such local symptoms, the object of which is to remove them from the surface of the body, whilst the internal miasmatic disease is left uncured, as, for instance, driving off the skin the psoric eruption by all sorts of ointments, burning away the chancre by caustics and destroying the condylomata on their seat by the knife, the ligature or the actual cautery; this pernicious external mode of treatment, hitherto so universally practised, has been the most prolific source of all the innumerable named or unnamed chronic maladies under

which mankind groans ; it is one of the most criminal procedures the medical world can be guilty of, and yet it has hitherto been the one generally adopted, and taught from the professional chairs as the only one <sup>(a)</sup>

## 204.

If we deduct all chronic affections, ailments and diseases that depend on a persistent unhealthy mode of living, as also those innumerable medicinal maladies (v. § 74) caused by the irrational, persistent, harassing and pernicious treatment of diseases often only of trivial character by physicians of the old school, all the remainder, without exception, result from the development of these three chronic miasms, internal syphilis, internal sycosis, but chiefly and in infinitely greater proportion, internal psora, each of which was already in possession of the whole organism, and had penetrated it in all directions before the appearance of the primary, vicarious local symptom of each of them (in the case of psora the scabious eruption, in syphilis the chancre or the bubo, and in sycosis the condylomata) that prevented their outburst ; and these chronic miasmatic diseases, if deprived of their local symptom, are inevitably destined by mighty Nature sooner or later to become developed and to burst forth and thereby propagate all the nameless misery, the incredible number of chronic diseases which have plagued mankind for hundreds and thousands of years, none of which would so frequently have come into existence had physicians striven in a rational manner to cure radically and to extinguish in the organism these three miasms by the internal homœopathic medicines suited for each of them, without employing topical remedies for their external symptoms.\*

<sup>1</sup> For any medicines that might at the same time be given internally served but to aggravate the malady, these remedies possessed no specific power of curing the whole disease, but assailed the organism, weakened it and inflicted on it, in addition, other chronic medicinal diseases.

\* In the sixth edition is added : (see note to § 282).

## § 205.

The homœopathic physician never treats one of their primary symptoms of chronic miasms, nor yet one of their secondary affections that result from their further development, by local remedies (neither by those external agents that act dynamically,<sup>1</sup> nor yet by those that act mechanically), but he cures, in cases where the one or the other appears, only the great miasm on which they depend, whereupon its primary, as also its secondary symptoms disappear spontaneously; but as this was not the mode pursued by the old-school practitioners who preceded him in the treatment of the case, the homœopathic physician generally, alas! finds that the primary symptoms<sup>2</sup> have already been destroyed by them by means of external remedies and that he has now to do more with the secondary ones, *i. e.*, the affections resulting from the breaking forth and development of these inherent miasms, but especially with the chronic diseases evolved from internal psora, the internal treatment of which, as far as a single physician can elucidate it by many years of reflection, observation and experience, I have endeavoured

<sup>1</sup> I cannot therefore advise, for instance, the local extirpation of the so-called cancer of the lips and face (the product of highly developed psora?) by means of the arsenical remedy of Frère Cosme, not only because it is excessively painful and often fails, but more for this reason, because, if this dynamic remedy should indeed succeed in freeing the affected part of the body from the malignant ulcer locally, the basic malady is thereby not diminished in the slightest, the preserving vital force is therefore necessitated to transfer the field of operation of the great internal malady to some more important part (as it does in every case of metaschematism), and the consequence is blindness, deafness, insanity, suffocative asthma, dropsy, apoplexy, &c. But this ambiguous local liberation of the part from the malignant ulcer by the topical arsenical remedy only succeeds, after all, in those cases where the ulcer has not yet attained any great size, and when the vital force is still very energetic; but it is just in such a state of things that the complete internal cure of the whole original disease is also still practicable.

The result is the same when cancer of the face or breast is removed by the knife alone and when encysted tumours are enucleated; something worse ensues, or at any rate death is hastened. This has been the case times without number, but the old school still goes blindly on in the same way in every new case, with the same disastrous results.

<sup>2</sup> Itch eruption, chancre (bubo), condylomata.

to point out in my work on *Chronic Diseases*, to which I must refer the reader.

## § 206.

Before commencing the treatment of a chronic disease, it is necessary to make the most careful investigation<sup>1</sup> as to whether the patient has had a venereal infection (or an infection with condylomatous gonorrhoea); for then the treatment must be directed towards this alone, when only the signs of syphilis (or of the rarer condylomatous disease) are present, but this disease is very seldom met with alone nowadays. If such infection have previously occurred, this must also be borne in mind in the treatment of those cases in which psora is present, because in them the latter is complicated with the former, as is always the case when the symptoms are not those of pure syphilis; for when the physician thinks he has a case of old venereal disease before him, he has always, or almost always, to treat a syphilitic affection accompanied mostly by (complicated with) psora, for the internal itch dyscrasia (the psora) is far the *most frequent* (most certain) *fundamental cause of chronic diseases*, either united (complicated) with syphilis (or with sycosis), if the latter infections have avowedly occurred; or, as is much more frequently the case, psora is the sole fundamental cause of all other chronic maladies, whatever names they may bear, which are, moreover, so often bungled, increased and disfigured to a monstrous extent by allopathic unskillfulness.

<sup>1</sup> In investigations of this nature we must not allow ourselves to be deceived by the assertions of the patients or their friends, who frequently assign as the cause of chronic, even of the severest and most inveterate diseases, either a cold caught (a thorough wetting, drinking cold water after being heated) many years ago, or a former fright, a sprain a vexation (sometimes even a bewitchment), &c. These causes are much too insignificant to develop a chronic disease *in a healthy body*, to keep it up for years, and to aggravate it year by year, as is the case with all chronic diseases from developed psora. Causes of a much more important character than these remembered noxious influences must lie at the root of the initiation and progress of a serious, obstinate disease of long standing; the assigned causes could only rouse into activity the latent chronic miasm.



## § 207.

When the above information has been gained, it still remains for the homoeopathic physician to ascertain what kinds of allopathic treatment had up to that date been adopted for the chronic disease, what perturbing medicines had been chiefly and most frequently employed, also what mineral baths had been used and what effects these had produced, in order to understand in some measure the degeneration of the disease from its original state, and, where possible, to correct in part these pernicious artificial operations, or to enable him to avoid the employment of medicines that have already been improperly used.

## § 208.

The age of the patient, his mode of living and diet, his occupation, his domestic position, his social relations and so forth must next be taken into consideration in order to ascertain whether these things have tended to increase his malady, or in how far they may favour or hinder the treatment. In like manner the state of his disposition and mind must be attended to, to learn whether that presents any obstacle to the treatment, or requires to be directed, encouraged or modified.

## § 209.

After this is done, the physician should endeavour in repeated conversations with the patient to trace the picture of his disease as completely as possible, according to the directions given above, in order to be able to elucidate the most striking and peculiar (characteristic) symptoms, in accordance with which he selects the first antipsoric or other remedy having the greatest symptomatic resemblance, for the commencement of the treatment and so forth.

§ 210.<sup>(a)</sup>

Of psoric origin are almost all those diseases that I have above termed one-sided which appear to be more difficult to cure in consequence of this one-sidedness, all their other morbid symptoms disappearing, as it were, before the single, great, prominent symptom. Of this character are what are termed *mental disease*. They do not, however, constitute a class of disease sharply separated from all others, since in all other so-called corporeal diseases the condition of the disposition and mind is *always* altered ;<sup>1</sup> and in all cases of disease we are called on to cure the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homœopathically with success.

## § 211.

This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician.

<sup>1</sup> How often, for instance, do we not meet with a mild, soft disposition in patients who have for years been afflicted with the most painful diseases, so that the physician feels constrained to esteem and compassionate the sufferer ! But if he subdue the disease and restore the patient to health—as is frequently done in homœopathic practice—he is often astonished and horrified at the frightful alteration in his disposition. He often witnesses the occurrence of ingratitude, cruelty, refined malice and propensities most disgraceful and degrading to humanity, which were precisely the qualities possessed by the patient before he grew ill.

Those who were patient when well often become obstinate, violent, hasty, or even intolerant and capricious, or impatient or desponding when ill ; those formerly chaste and modest often become lascivious and shameless. A clear-headed person not infrequently becomes obtuse of intellect, while one ordinarily weak-minded becomes more prudent and thoughtful ; and a man slow to make up his mind sometimes acquires great presence of mind and quickness of resolve, &c.

## § 212.

The Creator of therapeutic agents has also had particular regard to this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind in the healthy individual who tests it, and every medicine does so in a different manner.

## § 213.

We shall, therefore, never be able to cure conformably to nature—that is to say homocopathically—if we do not, in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select, for the patient's relief, from among the medicines a disease-force which, in addition to the similarity of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind.<sup>1</sup>

## § 214.

The instructions I have to give relative to the cure of mental diseases may be confined to a very few remarks, as they are to be cured in the same way as all other diseases, namely, by a remedy which shows, by the symptoms it causes in the body and mind of a healthy individual, a power of producing a morbid state as similar as possible to the case of disease before us, and in no other way can they be cured.

## § 215.

Almost all the so-called mental and emotional diseases are nothing more than corporeal diseases in which the

<sup>1</sup> Thus aconite will seldom or *never* effect either a rapid or permanent cure in a patient of a quiet, calm, equable disposition; and just as little will nux vomica be serviceable where the disposition is mild and phlegmatic, pulsatilla where it is happy, gay and obstinate, or ignatia where it is imperturbable and disposed neither to be frightened nor vexed.

symptom of derangement of the mind and disposition peculiar to each of them is increased, whilst the corporeal symptoms decline (more or less rapidly), till it at length attains the most striking one-sidedness, almost as though it were a local disease in the invisible subtle organ of the mind or disposition.

#### § 216.

The cases are not rare in which a so called corporeal disease that threatens to be fatal—a suppuration of the lungs, or the deterioration of some other important viscus, or some other disease of acute character, *e. g.*, in childbed, &c.—becomes transformed into insanity, into a kind of melancholia or into mania by a rapid increase of the psychical symptoms that were previously present, whereupon the corporeal symptoms lose all their danger; these latter improve almost to perfect health, or rather they decrease to such a degree that their obscured presence can only be detected by the observation of a physician gifted with perseverance and penetration. In this manner they become transformed into a one-sided and, as it were, a local disease, in which the symptom of the mental disturbance, which was at first but slight, increases so as to be the chief symptom, and in a great measure occupies the place of the other (corporeal) symptoms, whose intensity it subdues in a palliative manner, so that, in short, the affections of the grosser corporeal organs become, as it were, transferred and conducted to the almost spiritual mental and emotional organs, which the anatomist has never yet and never will reach with his scalpel.

#### § 217.

In these diseases we must be very careful to make ourselves acquainted with the whole of the phenomena, both those belonging to the corporeal symptoms, and also, and indeed particularly, those appertaining to the accurate apprehension of the precise character of the chief symptom, of the peculiar and always predominating state of the mind and disposition, in order to discover,

for the purpose of extinguishing the entire disease, among the remedies whose pure effects are known, a homœopathic medicinal pathogenetic force—that is to say, a remedy which in its list of symptoms displays, with the greatest possible similarity, not only the corporeal morbid symptoms present in the case of disease before us, but also especially this mental and emotional state.

## § 218.

To this collection of symptoms belongs in the first place the accurate description of all the phenomena of the previous so-called corporeal disease, before it degenerated into a one-sided increase of the psychical symptom, and became a disease of the mind and disposition. This may be learned from the report of the patient's friends.

## § 219.

A comparison of these previous symptoms of the corporeal disease with the traces of them that still remain, though they have become less perceptible (but which even now sometimes become prominent, when a lucid interval and a transient alleviation of the psychical disease occurs), will serve to prove them to be still present, though obscured.

## § 220.

By addition to this the state of the mind and disposition accurately observed by the patient's friends and by the physician himself, we have thus constructed the complete picture of the disease, for which, in order to effect the homœopathic cure of the disease, a medicine capable of producing strikingly similar symptoms, and especially an analogous disorder of the mind, must be sought for among the antipsoric remedies, if the psychical disease have already lasted some time.

§ 221.<sup>(a)</sup>

If, however, insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, &c.) have

suddenly broken out as an acute disease in the patient's ordinary calm state, although it almost always arises from internal psora, like a flame bursting forth from it, yet when it occurs in this acute manner it should not be immediately treated with antipsorics, but in the first place with remedies indicated for it out of the other class of proved medicaments (*e g.* aconite, belladonna, stramonium, hyoscyamus, mercury, &c.) in highly potentized, minute, homœopathic doses, in order to subdue it so far that the psora shall for the time revert to its former latent state, wherein the patient appears as if quite well.

## § 222.

But such a patient, who has recovered from an acute mental or emotional disease by the use of these non-antipsoric medicines, should never be regarded as cured ; on the contrary, no time should be lost in attempting to free him completely,<sup>1</sup> by means of a prolonged antipsoric treatment, for the chronic miasm of the psora, which, it is true, has now become once more latent but is quite ready to break out anew ; if this be done, there is no fear of another similar attack, if he attend faithfully to the diet and regimen prescribed for him.

## § 223.

But if the antipsoric treatment be omitted, then we may almost assuredly expect, from a much slighter cause

<sup>1</sup> It very rarely happens that a mental or emotional disease of long standing ceases spontaneously (for the internal dyscrasia transfers itself again to the grosser corporeal organs) ; such are the few cases met with now and then, where a former inmate of a mad-house has been dismissed apparently recovered. Hitherto, moreover, all mad-houses have continued to be choke-full, so that the multitude of other insane persons who seek for admission into such institutions could scarcely find room in them unless some of the insane in the house died. *Not one is ever really and permanently cured in them !* A convincing proof, among many others, of the complete nullity of the non-healing art hitherto practised, which has been ridiculously honoured by allopathic ostentation with the title of *rational medicine*. How often, on the other hand, has not the true healing art, genuine, pure homœopathy, been able to restore such unfortunate beings to the possession of their mental and corporeal health, and to give them back again to their delighted friends and to the world ! (a)

than brought on the first attack of the insanity, the speedy occurrence of a new and more lasting and severe fit, during which the psora usually develops itself completely, and passes into either a periodic or continued mental derangement, which is then more difficult to be cured by antipsorics.

§ 224.

If the mental disease be not quite developed, and if it be still somewhat doubtful whether it really arose from a corporeal affection, or did not rather result from faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance; the mode of deciding this point will be, that if it proceed from one or other of the latter causes it will diminish and be improved by sensible friendly exhortations, consolatory arguments, serious representations and sensible advice; whereas a real moral or mental malady, depending on bodily disease, would be speedily aggravated by such a course, the melancholic would become still more dejected, querulous, inconsolable and reserved, the spiteful maniac would thereby become still more exasperated, and the chattering fool would become manifestly more foolish.<sup>1</sup>

§ 225.

There are, however, as has just been stated, certainly a few emotional diseases which have not merely been developed into that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued, anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree.

<sup>1</sup> It would seem as though the mind, in these cases, felt with uneasiness and grief the truth of these rational representations and acted upon the body as if it wished to restore the lost harmony, but that the body, by means of its disease, reacted upon the organs of the mind and disposition and put them in still greater disorder by a fresh transference of its sufferings on to them.

## § 226.

It is only such emotional diseases as these, which were first engendered and subsequently kept up by the mind itself, that, *while they are yet recent and before they have made very great inroads on the corporeal state*, may, by means of psychical remedies, such as a display of confidence, friendly exhortations, sensible advice, and often by a well-disguised deception, be rapidly changed into a healthy state of the mind (and with appropriate diet and regimen, seemingly into a healthy state of the body also)

## § 227.

But the fundamental cause in these cases also is a psoric miasm, which was only not yet quite near its full development, and for security's sake, the seemingly cured patient should be subjected to a radical, antipsoric treatment, in order that he may not again, as might easily occur, fall into a similar state of mental disease.

§ 228.<sup>(a)</sup>

In mental and emotional diseases resulting from corporeal maladies, which can only be cured by homœopathic antipsoric medicine conjoined with carefully regulated mode of life, an appropriate psychical behaviour towards the patient on the part of those about him and of the physician must be scrupulously observed, by way of an auxiliary mental regimen. To furious mania we must oppose calm intrepidity and cool, firm resolution—to doleful, querulous lamentation, a mute display of commiseration in looks and gestures—to senseless chattering, a silence not wholly inattentive—to disgusting and abominable conduct and to conversation of a similar character, total inattention. We must merely endeavour to prevent the destruction and injury of surrounding objects, *without reproaching the patient for this acts*, and everything must be arranged in such a way that the necessity for any corporeal punishments and tortures<sup>1</sup>

<sup>1</sup> It is impossible not to marvel at the hard-heartedness and indiscretion of



whatever may be avoided. This is so much the more easily effected, because in the administration of the medicine—the only circumstance in which the employment of coercion could be justified—in the homœopathic system the small doses of the appropriate medicine *never* offend the taste, and may consequently be given to the patient without his knowledge in his drink, so that all compulsion is unnecessary.

### § 229.

On the other hand, contradiction, eager explanations, rude corrections and invectives, as also weak, timorous yielding, are quite out of place with such patients; they are equally pernicious modes of treating mental and emotional maladies. But such patients are most of all exasperated and their complaint aggravated by contumely, fraud, and deceptions that they can detect. *The physician and keeper must always pretend to believe them to be possessed of reason*

All kinds of external disturbing influences on their senses and disposition should be if possible, removed; there are no amusements for their clouded spirit, no salutary distractions, no means of instruction, no soothing effects from conversation, books or other things for the soul that pines or frets in the chains of the diseased body, no invigoration for it, but the cure; it is only when the bodily health is changed for the better that tranquillity and comfort again beam upon their mind.

the medical men in many establishments for patients of this kind, not only in England, but also in Germany, who, without attempting to discover the true and only efficacious mode of curing such diseases, which is by homœopathic medicinal (antipsoric) means, content themselves with torturing these most pitiable of all human beings with the most violent blows and other painful torments. By this unconscientious and revolting procedure they debase themselves beneath the level of the turnkeys in a house of correction, for the latter inflict such chastisements as the duty devolving on their office, and on criminals only, whilst the former appear, from a humiliating consciousness of their uselessness as physicians, only to vent their spite at the apparent incurability of mental diseases in harshness towards the pitiable, innocent sufferers, for they are too ignorant to be of any use and too indolent to adopt a judicious mode of treatment.

## § 230.

If the antipsoric remedies selected for each particular case of mental or emotional disease (there are incredibly numerous varieties of them) be quite homoeopathically suited for the faithfully traced picture of the morbid state, which, if there be a sufficient number of this kind of medicines known in respect of their pure effects, is ascertained by an indefatigable search for the most appropriate homoeopathic remedy all the more easily, as the emotional and mental state, constituting the principal symptom of such a patient, is so unmistakably perceptible,—then the most striking improvement in no very long time, which could not be brought about by physicking the patient to death with the largest oft-repeated doses of all other unsuitable (allopathic) medicines. Indeed, I can confidently assert, from great experience, that the vast superiority of the homœopathic system over all other conceivable methods of the treatment is nowhere displayed in a more triumphant light than in mental and emotional diseases of long standing, which originally sprang from corporeal maladies or were developed simultaneously with them.

§ 231 <sup>(a)</sup>

The *intermittent diseases*<sup>1</sup> deserve a special consideration, as well those that recur at certain periods—like the great number of intermittent fevers, and the apparently non-febrile affections that recur at intervals like intermittent fevers—as also those in which certain morbid states alternate at uncertain intervals with morbid states of a different kind.

§ 232. <sup>(a)</sup>

These latter, *alternating diseases*, are also very numerous,<sup>1</sup> but all belong to the class of chronic diseases ;

<sup>1</sup>Two or three states may alternate with one another. Thus, for instance, in the case of double alternating diseases, certain pains may occur persistently in the legs. &c., immediately on the disappearance of a kind of

they are generally a manifestation of developed psora alone, sometimes, but seldom, complicated with a syphilitic miasm, and therefore in the former case may be cured by antipsoric medicines; in the latter, however, in alteration with antisiphilitics as taught in my work on the *Chronic Diseases*.

### § 233

The *typical intermittent diseases* are those where a morbid state of unvarying character returns at a tolerably fixed period, whilst the patient is apparently in good health, and takes its departure at an equally fixed period; this is observed in those apparently non-febrile morbid states that come and go in a periodical manner (at certain times), as well as in those of febrile character, to wit, the numerous varieties of intermittent fevers.

### § 234.<sup>(a)</sup>

Those apparently non-febrile, typical, periodically recurring morbid states just alluded to observed in one single patient at a time (they do not usually appear sporadically or epidemically) always belong to the chronic diseases, mostly to those that are purely psoric, are but seldom complicated with syphilis, and are successfully treated by the same means; yet it is sometimes

ophthalmia, which latter again appears as soon as the pain in the limbs has gone off for the time—convulsions and spasms may alternate immediately with any other affection of the body or some part of it—in a case of threefold alternating states; in a common indisposition, periods of apparent increase of health and unusual exaltation of the corporeal and mental powers (extravagant gaiety, extraordinary activity of the body, excess of comfortable feeling, inordinate appetite, &c.) may occur, after which, and quite unexpectedly, gloomy, melancholy: humour, intolerable hypochondriacal derangement of the disposition, with disorder of several of the vital operations, the digestion, sleep, &c., which again, and just as suddenly, give place to the habitual moderate ill-health; and so also several and very various alternating states. When the new state makes its appearance, there is often no perceptible trace of the former one. In other cases only slight traces of the former alternating state remain when the new one occurs; few of the symptoms of the first state remain on the appearance and during the continuance of the second. Sometimes the morbid alternating states are quite of opposite natures, as, for instance, melancholy periodically alternating with gay insanity or frenzy.<sup>(a)</sup>

necessary to employ as an intermediate remedy a small dose of a potentized solution of cinchona bark, in order to extinguish completely their intermittent type.

§ 235.<sup>(a)</sup>

With regard to the *intermittent fevers*,<sup>1</sup> that prevail sporadically or epidemically (not those endemically located in marshy districts), we often find every paroxysm

<sup>1</sup> The pathology hitherto in vogue, which is still in the stage of irrational infancy, recognizes but one single *intermittent fever*, which is likewise termed *ague*, and admits of no varieties but such as are constituted by the different intervals at which the paroxysms recur, quotidian, tertian, quartan, &c. But there are much more important differences among them than what are marked by the periods of their recurrence; there are innumerable varieties of these fevers, some of which cannot even be denominated *ague*, as their fits consist solely of heat; others, again, are characterised by cold alone, with or without subsequent perspiration; yet others which exhibit general coldness of the surface, with a sensation of heat on the patient's part, or whilst the body feels externally hot, the patient feels cold; others, again, in which one paroxysm consists entirely of a rigor or simple chilliness, followed by an interval of health, while the next consists of heat alone, followed or not by perspiration; others, again, in which the heat comes first, and the cold stage not till that is gone; others, again, wherein after a cold or hot stage apyrexia ensues, and then perspiration comes on like a second fit, often many hours subsequently; others, again, in which no perspiration at all comes on, and yet others in which the whole attack consists of perspiration alone, without any cold or hot stage, or in which the perspiration is only present during the heat; and there are innumerable other differences, especially in regard to the accessory symptoms, such as headache of a peculiar kind, bad taste in the mouth, nausea, vomiting, diarrhoea, want of or excessive thirst, peculiar pains in the body or limbs, disturbed sleep, delirium, alterations of temper, spasms, &c. before, during or after the cold stage, before, during or after the hot stage, before, during or after the sweating stage, and countless other varieties. All these are manifestly intermittent fevers of very different kinds, each of which, as might naturally be supposed, requires a special (homœopathic) treatment. It must be confessed that they can almost all be suppressed (as is often done) by enormous doses of bark and of its pharmaceutical preparation, the *sulphate of quinine*; that is to say, their periodical recurrence (their *typus*) may be extinguished by it, although often only after increased and frequently repeated doses, but the patients who suffered from intermittent fevers for which cinchona bark is not suitable, as is the case with all those epidemic intermittent fevers that traverse whole countries and even mountainous districts, are not restored to health by the extinction of the *typus*; on the contrary, they now remain ill in another manner, and worse, often much worse, than before; they are affected by peculiar, chronic bark dyscrasias, and can scarcely be restored to health even by a prolonged treatment by the true system of medicine—and yet that is what is called *curing*, forsooth..

likewise composed of two opposite alternating states (cold, heat—heat, cold), more frequently still of three (cold, heat, sweat). Therefore the remedy selected for them from the general class of proved (common, not antipsoric) medicines must either (and remedies of this sort are the surest) be able likewise to produce in the healthy body two (or all three) similar alternating states, or else must correspond by similarity of symptoms, in the most homœopathic manner possible, to the strongest, best marked, and most peculiar alternating state (either to the cold stage, or to the hot stage, or to the sweating stage, each with its accessory symptoms, according as the one or other alternating state is the strongest and most peculiar); but the symptoms of the patient's health during the intervals when he is free from fever must be the chief guide to the most appropriate homœopathic remedy.<sup>1</sup>

### § 236.

The most appropriate and efficacious time for administering the medicine in these cases is immediately or very soon after the termination of the paroxysm, as soon as the patient has in some degree recovered from its effects; it has then time to effect all the changes in the organism requisite for the restoration of health, without any great disturbance or violent commotion; whereas the action of a medicine, be it ever so specifically appropriate, if given immediately before the paroxysm, coincides with the natural recurrence of the disease and causes such a reaction in the organism, such a violent contention, that an attack of that nature produces at the very least a great loss of strength, if it do not endanger life.<sup>2</sup> But if the

<sup>1</sup> Dr. von Bonninghausen, who has rendered more services to our beneficent system of medicine than any other of my disciples, has best elucidated this subject, which demands so much care, and has facilitated the choice of the efficient remedy for the various epidemics of fever, in his work entitled *Versuch einer homœopathischen Therapie der Wechselfieber*, 1833, Munster bei Regensburg.

<sup>2</sup> This is observed in the fatal cases, by no means rare, in which a moderate dose of opium given during the cold stage quickly deprived patients of life.

medicine be given immediately after the termination of the fit, that is to say, at the period when the apyretic interval has commenced and a long time before there are any preparations for the next paroxysm, then the vital force of the organism is in the best possible condition to allow itself to be quietly altered by the remedy, and thus restored to the healthy state.

## § 237.

But if the stage of apyrexia be very short, as happens in some very bad fevers, or if it be disturbed by some of the after sufferings of the previous paroxysm, the dose of the homœopathic medicine should be administered when the perspiration begins to abate, or the other subsequent phenomena of the expiring paroxysms begin to diminish.

## § 238.\*

It is only when the suitable medicine has with a single dose destroyed several fits and manifest health has ensued, but after some time indications of a new paroxysm appear, only then can and must the same medicine be given again, provided always the totality of the symptoms is still the same. This recurrence of the same fever after an interval of health is, however, only possible when the noxious influence that first excited the intermittent fever still continues to act upon the convalescent, as happens in marshy districts; in which case a permanent cure is often only possible by the removal of this exciting cause (as, for instance, a residence in a mountainous country if the case was one of marsh intermittent fever).

## § 239.

As almost every medicine causes in its pure action a special, peculiar fever, and even a kind of intermittent fever with its alternating states, differing from all other fevers that are caused by other medicines, homœopathic remedies may be found in the extensive domain of medicines for all the numerous varieties of natural intermittent

\*This section is re-written in the sixth edition.

fevers and, for a great many of such fevers, even in the moderate collection of medicines already proved on the healthy individual.

§ 240. (a)

But if the remedy found to be the homœopathic specific for a prevalent epidemic of intermittent fever do not effect a perfect cure in some one or other patient, if it be not the influence of a marshy district that prevents the cure, it must always be the psoric miasm in the background, in which case antipsoric medicines must be employed until complete relief is obtained.

§ 241. (a)

Epidemics of intermittent fever, in situations where none are endemic, are of the nature of chronic diseases, composed of single acute paroxysms; each single epidemic is of a peculiar, uniform character common to all the individuals attacked, and when this character is found in the totality of the symptoms common to all, it guides us to the discovery of the homœopathic (specific) remedy suitable for all the cases, which is almost universally serviceable in those patients who enjoyed tolerable health before the occurrence of the epidemic, that is to say, who were not chronic sufferers from the developed psora

§ 242.

If, however, in such an epidemic intermittent fever the first paroxysms have been left uncured, or if the patients have been weakened by improper allopathic treatment; then the inherent psora that exists, alas! in so many persons, although in a latent state, becomes developed, takes on the type of the intermittent fever, and to all appearance continues to play the part of the epidemic intermittent fever, so that the medicine, which would have been useful in the first paroxysms (rarely an antipsoric) is now no longer suitable and cannot be of any service. We have now to do with a psoric intermittent fever only, and this will generally be subdued by minute and rarely

repeated doses of sulphur or hepar sulphuris in a high potency

§ 243.<sup>(a)</sup>

In those often very pernicious intermittent fevers which attack a single person, not residing in a marshy district, we must also *at first*, as in the case of acute diseases generally, which they resemble in respect to their psoric origin, employ for some days, to render what service it may, a homœopathic remedy selected for the special case from the other class of proved (not antipsoric) medicines; but if, notwithstanding this procedure, the recovery is deferred, we know that we have to do with psora on the point of its development, and that in this case antipsoric medicines alone can effect a radical cure.

§ 244.

The intermittent fevers endemic in marshy districts and tracts of country frequently exposed to inundations give a great deal of work to physicians of the old school, and yet a healthy man may in his youth become habituated even to marshy districts and remain in good health, provided he preserves a faultless regimen and his system is not lowered by want, fatigue or pernicious passions. The intermittent fevers endemic there would at the most only attack him on his first arrival; but one or two every small doses of a highly potentized solution of cinchona bark would, conjointly with the well-regulated mode of living just alluded to, speedily free him from the disease. But persons who, while taking sufficient corporeal exercise and pursuing a healthy system of intellectual occupations and bodily regimen, cannot be cured of marsh intermittent fever by one or a few of such small doses of cinchona—in such persons psora, striving to develop itself, always lies at the root of their malady, and their intermittent fever cannot be cured in the marshy district without antipsoric treatment.<sup>1</sup> It sometimes happens that when

<sup>1</sup> Large, oft-repeated doses of cinchona bark, as also concentrated cinchona remedies, such as the *sulphate of quinine*, have certainly the power of freeing



these patients exchange, without delay, the marshy district for one that is dry and mountainous, recovery apparently ensues (the fever leaves them) if they be not yet deeply sunk in disease, that is to say, if the psora was not completely developed in them and can consequently return to its latent state; but they will never regain perfect health without antipsoric treatment.

#### § 245.<sup>(a)</sup>

Having thus seen what attention should, in the homoeopathic treatment, be paid to the chief varieties of diseases and the peculiar circumstances connected with them, we now pass on to what we have to say *respecting the remedies and the mode of employing them, together with the diet and regimen to be observed during their use.*

\*Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease, is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, because all the good the medicine taken continues to effect is now *hastening* towards its completion. Every new dose of any medicine whatsoever, even of the one last administered, that has hitherto shown itself to be salutary, would in this case disturb the work of amelioration.

#### § 246.<sup>(a)</sup> \*

On the other hand, the slowly progressive amelioration consequent on a very minute dose, whose selection has been accurately homoeopathic, when it has met with no hindrance to the duration of its action, sometimes accomplishes all the good the remedy in question is capable from its nature of performing in a given case, in periods of forty, fifty or a hundred days. This is, however, but rarely the case; and besides, it must be a matter of great importance to the physician as well as to the patient that,

such patients from the periodical fits of the marsh ague; but those thus deceived into the belief that they are cured remain diseased in another way without antipsoric aid.

\* This paragraph is totally omitted in the sixth edition.

\* This section is wholly re-written in the sixth edition.

were it possible, this period should be diminished to one, half, one-quarter, and even still less, so that a much more rapid cure might be obtained. And this may be very happily affected, as recent and oft-repeated observations have shown, under three conditions; firstly, if the medicine selected with the utmost care was perfectly homœopathic; secondly, if it was given in the minutest dose, so as to produce the least possible excitation of the vital force, and yet sufficient to effect the necessary change in it; and thirdly, if this minutest yet powerful dose of the best selected medicine *be repeated at suitable intervals*,<sup>1</sup>

<sup>1</sup> In the former editions of the *Organon* I have advised that a single dose of a well-selected homœopathic medicine should always be allowed first fully to expend its action before a new medicine is given or the same one repeated—a doctrine which was the result of the positive experience that neither by a larger dose of the remedy, which may have been well chosen (as has been again recently proposed, but which would be very like a retrograde movement), nor, what amounts to the same thing, by several small doses of it given in quick succession, can the greatest possible good be effected in the treatment of diseases, more especially of chronic ones; and the reason of this is, that by such a procedure the vital force does not quickly adapt itself to the transition from the natural disease to the similar medicinal disease, but is usually so violently excited and disturbed by a larger dose, or by smaller doses of even a homœopathically chosen remedy given rapidly one after the other, that in most cases its reaction will be anything but salutary and will do more harm than good. As long as no more efficacious mode of proceeding than that then taught by me was discovered, the safe philanthropic maxim of *si non juvat, modo ne noceat*, rendered it imperative for the homœopathic practitioner, for whom the weal of his fellow-creatures was the highest object, to allow, as a general rule in diseases, but a single dose at a time, and that the very smallest, of the carefully selected remedy to act upon the patient and, moreover, to exhaust its action. The very smallest, I repeat, for it holds good and will continue to hold good as a homœopathic therapeutic maxim not to be refuted by any experience in the world, that the best dose of the properly selected remedy is always the very smallest one in one of the high potencies (X), as well for chronic as for acute diseases—a truth that is the inestimable property of pure homœopathy and which as long as allopathy (and the new mongrel sect, whose treatment is a mixture of allopathic and homœopathic processes is not much better) continues to gnaw like a cancer at the life of sick human beings, and to ruin them by large and ever larger doses of drugs, will keep pure homœopathy separated from these spurious arts as by an impassable gulf.

On the other hand, however, practice shows us that though a single one of these small doses may suffice to accomplish almost all that it was possible for this medicine to do under the circumstances, in some, and especially in slight cases of disease, particularly in those of young children and very delicate and

which experience shall have pronounced to be the best adapted for accelerating the cure to the utmost extent, yet without the vital force, which it is sought to influence to the production of a similar medicinal disease, being

excitable adults, yet that in many, indeed in most cases, not only of very chronic diseases that have already made great progress and have frequently been aggravated by a previous employment of inappropriate medicines, but also of serious acute diseases, one such smallest dose of medicine in our highly potentized dynamization is evidently insufficient to effect all the curative action that might be expected from that medicine, for it may unquestionably be requisite to administer several of them, in order that the vital force may be pathogenetically altered by them to such a degree and its salutary reaction stimulated to such a height, as to enable it to completely extinguish, by its reaction, the whole of that portion of the original disease that it lay in the power of the well-selected homœopathic remedy to eradicate ; the best chosen medicine in such a small dose, given but once, might certainly be of some service, but would not be nearly sufficient.

But the careful homœopathic physician would not venture soon to repeat the same dose of the same remedy again and again, as from such a practice he has frequently experienced no advantage, but most frequently, on close observation, decided disadvantage. He generally witnessed aggravation, from the smallest dose of the most suitable remedy, which he had given one day, when repeated the next day and the next.

Now, in cases where he was convinced of the correctness of his choice of the homœopathic medicine, in order to obtain more benefit for the patient than he was able to get hitherto from prescribing a single small dose, the idea often naturally struck him to increase the dose, since, for the reasons given above, one single dose only should be given ; and, for instance, in place of giving a single very minute globule moistened with the medicine in the highest dynamization, to administer six, seven or eight of them at once, and even a half or a whole drop. But the result was almost always less favourable than it should have been ; it was often actually unfavourable, often even very bad—an injury that, in a patient so treated, it is difficult to repair.

The difficulty in this case is not solved by giving, instead, lower dynamizations of the remedy in a large dose.

Thus, increasing the strength of the single doses of the homœopathic medicine with the view of effecting the degree of pathogenetic excitation of the vital force necessary to produce satisfactory salutary reaction, fails altogether, as experience teaches, to accomplish the desired object. This vital force is thereby too violently and too suddenly assailed and excited to allow it time to exercise a gradual, equable, salutary reaction, to adapt itself to the modification effected in it ; hence it strives to repel, as if it were an enemy, the medicine attacking it in excessive force, by means of vomiting, diarrhœa, fever, perspiration, and so forth, and thus in a great measure it diverts and renders nugatory the aim of the incautious physician,—little or no good towards curing the disease will be thereby accomplished ; on the contrary, the patient will be thereby perceptibly weakened and, for a long

able to feel itself excited and roused to adverse reactions.

time. the administration of even the smallest dose of the same remedy must not be thought of if we would not wish it to injure the patient.

But it happens, moreover, that a number of the smallest doses given for the same object in quick succession accumulate in the organism into a kind of excessively large dose, with (a few rare cases excepted) similar bad results; in this case the vital force, not being able to recover itself betwixt every dose, though it be but small, becomes oppressed and overwhelmed, and thus being incapable of reacting in a salutary manner, it is necessitated passively to allow involuntary the continuance of the over-strong medicinal disease that has thus been forced upon it, just in the same manner as we may every day observe from the allopathic abuse of large cumulative doses of one and the same medicine, to the lasting injury of the patient.

Now, therefore, in order, whilst avoiding the erroneous method I have here pointed out, to attain the desired object more certainly than hitherto, and to administer the medicine selected in such a manner that it must exercise all its efficacy without injury to the patient, that it may effect all the good it is capable of performing in a given case of disease, I have latterly adopted a peculiar method.

I perceived that, in order to discover this true middle path, we must be guided as well by the nature of the different medicinal substances as also by the corporeal constitution of the patient and the magnitude of his disease, so that—to give an example from the use of *sulphur* in chronic (psoric) diseases—the smallest dose of it (*tinct. sulph. X<sup>0</sup>*) can seldom be repeated with advantage, even in robust patients and in fully developed psora, oftener than every seven days, a period of time which must be proportionally lengthened when we have to treat weaker and more excitable patients of this kind; in such cases we would do well to give such a dose only every nine, twelve, or fourteen days, and continue to repeat the medicine until it ceases to be of service. We thus find (to abide by the instance of sulphur) that in psoric diseases seldom fewer than four, often, however, six eight and even ten such doses (*tinct. sulph. X<sup>0</sup>*) are required to be successively administered at these intervals for the complete annihilation of the whole portion of the chronic disease that is eradicable by sulphur—provided always there had been no previous allopathic abuse of sulphur in the case. *Thus even a (primary) scabious eruption of recent origin, though it may have spread all over the body, may be perfectly cured, in persons who are not too weakly, by a dose of tinct. sulph. X<sup>0</sup> given every seven days, in the course of from ten to twelve weeks (accordingly with ten or twelve such globules<sup>1</sup>), so that it will seldom be necessary to aid the cure with a few doses of carb. veg. X<sup>0</sup> (also given at the rate of one dose per week), without the slightest external treatment besides frequent changes of linen and good regimen.*

When for other serious chronic diseases also we may consider it requisite as far as we can calculate, to give eight, nine or ten doses of *tinct. sulph* (at *X<sup>0</sup>*) it is yet more expedient in such cases, instead of giving them in uninterrupted succession to interpose after every, or every *second or third* dose, a dose of another medicine, which in this case is next in point of

## § 247.\*

Under these conditions, the smallest doses of the best selected homœopathic medicine may be repeated with

homœopathic suitability to sulphur (usually *hep. sulph.*), and to allow this likewise to act for eight, nine, twelve or fourteen days before again commencing a course of three doses of sulphur.

But it not infrequently happens that the vital force refuses to permit several doses of sulphur, even though they may be essential for the cure of the chronic malady and are given at the intervals mentioned above, to act quietly on itself; this refusal it reveals by some, though moderate, sulphur symptoms, which it allows to appear in the patient during the treatment. In such cases it is sometimes advisable to administer a small dose of *nux vom.* X<sup>o</sup>, allowing it to act for eight or ten days, in order to dispose the system again to allow succeeding doses of the sulphur to act quietly and effectually upon it. In those cases for which it is adapted, *puls.* X<sup>o</sup> is preferable.

But the vital force shows the greatest resistance to the salutary action upon itself of the strongly indicated sulphur, and even exhibits manifest aggravation of the chronic disease, though the sulphur be given in the very smallest dose, though only a globule of the size of a mustard seed moistened with *tinct. sulph.* X<sup>o</sup> be smelt, if the sulphur have formerly (it may be years since) been improperly given allopathically in large doses. This is one lamentable circumstance that renders the best medical treatment of chronic diseases almost impossible among the many that the ordinary bungling treatment of chronic diseases by the old school would leave us nothing to do but to deplore, were there not some mode of getting over the difficulty.

In such cases we have only to let the patient smell a single time strongly at a globule the size of mustard seed moistened with *mercur. metall.* X, and allow this olfaction to act for about nine days, in order to make the vital force again disposed to permit the sulphur (at least the olfaction of *tinct. sulph.* X<sup>o</sup>) to exercise a beneficial influence on itself—a discovery for which we are indebted to Dr. Griesselich, of Carlsruhe.

Of the other antipsoric remedies (except perhaps *phosph.* X) it is necessary to administer fewer doses at similar intervals (of *sepiâ* and *sil.* at longer intervals, without any intermediate remedy, where they are homœopathically indicated), in order to cure all that is curable in a given case by the remedy indicated. *Hep. sulph. calc.* X can rarely be taken or smelt at shorter intervals than every fourteen or fifteen days.

Before making such a repetition of the dose the physician must of course be convinced that his selection is truly homœopathic.

In acute diseases, the time for repeating the fitly chosen medicine is regulated by the greater or less rapidity of the course of the disease we have to combat, so that, when necessary, it should be repeated after twenty-four, sixteen, twelve, eight, four and even fewer hours, if the medicine continue to prove beneficial without interruption—without producing new symptoms.—but it is not sufficiently rapid in its action for the excessively quick and dangerous course of the acute disease, so that in cholera the most speedily fatal disease we know, at the commencement of the disease, one or two drops

\*This section is wholly re-written in the sixth edition.

the best often with incredible results, at intervals of fourteen, twelve, ten, eight, seven days, and, where rapidity is requisite, in chronic diseases resembling cases of acute disease, at still shorter intervals, but in acute diseases at very much shorter periods—every twenty-four, twelve, eight, four hours, in the very acutest every hour, up to as often as every five minutes,—in every case in proportion to the more or less rapid course of the disease and of the action of the medicine employed, as is more distinctly explained in the last note.

## § 248.\*

The dose of the same medicine may be repeated several times according to circumstances, but only so long as until either recovery ensues, or *the same remedy ceases to do good and the rest of the disease, presenting a different group of symptoms, demands a different homœopathic remedy.*

## § 249.

Every medicine prescribed for a case of disease which, in the course of its action, produces new and troublesome

of a mild solution of camphor must be given every five minutes. in order to procure speedy and certain relief, and in the more developed cholera, doses of *cuprum, veritrum, phosphorus, &c.* (X<sup>0</sup>), frequently require to be given every two or three hours, and also *arsenic, carbo vegetabilis, &c.*, at similar short intervals.

In the treatment of so-called typhus fevers and other continued fevers, the repetition, in smallest doses, of the medicine that proves itself of service, must be regulated by the above directions.

In pure syphilitic diseases I have generally found a single dose of metallic mercury (X<sup>0</sup>) sufficient; and yet not infrequently two or three such doses were requisite, given at intervals of six or eight days, when the slightest complication with psora was perceptible.

In the cases where some particular medicine is urgently indicated, but where the patient is very excitable and weak, a more efficient and certain procedure than giving more substantial, though ever so small doses of the highly potentized medicine, is a single olfaction of a dry globule the size of a mustard seed that has been impregnated with the same medicine; this is effected by holding the mouth of the phial that contains it first in one and then (if it is wished to give a stronger dose) in the other nostril and making a momentary inspiration; the action of this medicine, thus administered, lasts just as long as that of the medicine that has been taken in substance, hence even this olfaction ought not to be repeated at shorter intervals.(a)

\*This section is wholly re-written in the sixth edition.

A new foot-note appears in the sixth edition.

symptoms not appertaining to the disease to be cured, is not capable of effecting real improvement,<sup>1</sup> and cannot be considered as homoeopathically selected; it must, therefore, either, if the aggravation be considerable, be first partially neutralised as soon as possible by an antidote before giving the next remedy chosen more accurately according to similarity of action; or if the troublesome symptoms be not very violent, the next remedy must be given immediately, in order to take the place of the improperly selected one.<sup>(a)</sup> \*

### § 250.

When, to the observant practitioner who accurately investigates the state of the disease, it is evident, in urgent cases after the lapse of only six, eight or twelve hours, that he has made a bad selection in the medicine last given, in that the patient's state is growing perceptibly, however slightly, worse from hour to hour, by the occurrence of new symptoms and sufferings, it is not only allowable for him, but it is his duty to remedy his mistake, by the selection and administration of a homoeopathic medicine not merely tolerably suitable, but the most appropriate possible for the existing state of the disease (§ 167).<sup>(a)</sup>

### § 251.<sup>(a)</sup>

There are some medicines (*e. g.*, *ignatia*, also *bryonia* and *rus*, and sometimes *belladonna*) whose power of altering man's health consists chiefly in alternating action—a kind of primary-action symptoms that are in

<sup>1</sup> As all experience shows that the dose of the especially suited homoeopathic medicine can scarcely be prepared too small to effect perceptible amelioration in the disease for which it is appropriate (§§ 275 - 278), we should act injudiciously and hurtfully were we, when no improvement, or some, though it be even slight, aggravation ensues, to repeat or even *increase the dose* of the same medicine, as is done in the old system, under the delusion that it was not efficacious on account of its small quantity (its too small dose). *Every aggravation by the production of new symptoms*—when nothing untoward has occurred in the mental or physical regimen—*invariably proves unsuitableness on the part of the medicine formerly given* in the case of disease before us, *but never indicates that the dose has been too weak.*

\* A foot-note to this section 249 appears in the six edition.

part opposed to each other. Should the practitioner find, on prescribing one of these, selected on strict homoeopathic principles, that no improvement follows, he will in most cases soon effect his object by giving (in acute diseases, even within a few hours) a fresh and equally small dose of the same medicine.<sup>1</sup>

#### § 252.<sup>(a)</sup>

But should we find, during the employment of the other medicines in chronic (psoric) diseases, that the best selected homoeopathic (antipsoric) medicine in the suitable (minutest dose does not effect an improvement, this is a *sure* sign that the cause that keeps up the disease still persists, and that there is some circumstance in the mode of life of the patient or in the situation in which he is placed, that must be removed in order that a permanent cure may ensue.

#### § 253.

Among the signs that, in all diseases, especially in such as are of an acute nature, inform us of a slight commencement of amelioration or aggravation that is not perceptible to every one, the state of mind and the whole demeanour of the patient are the most certain and instructive. In the case of ever so slight an improvement we observe a greater degree of comfort, increased calmness and freedom of the mind, higher spirits—a kind of return of the natural state. In the case of ever so small a commencement of aggravation we have, on the contrary, the exact opposite of this: a constrained, helpless, pitiable state of the disposition, of the mind, of the whole demeanour, and of all gestures, postures and actions, which may be easily perceived on close observation, but cannot be described in words.<sup>2</sup>

<sup>1</sup> As I have more particularly described in the introduction to "*Ignatia*" (in the first volume of the *Materia Medica Pura*).

<sup>2</sup> The signs of improvement in the disposition and mind, however, may be expected only soon after the medicine has been taken when the dose has been *sufficiently minute* (i. e., as small as possible); an unnecessarily larger



## § 254.

The other new or increased symptoms, or on the contrary, the diminution of the original ones without any addition of new ones, will soon dispel all doubts from the mind of the attentively observing and investigating practitioner with regard to the aggravation or amelioration; though there are among patients persons who are either incapable of giving an account of this amelioration or aggravation, or are unwilling to confess it.

§ 255<sup>(a)</sup>

But even with such individuals we may convince ourselves on this point by going with them through all the symptoms enumerated in our notes of the disease one by one, and finding that they complain of no new unusual symptoms in addition to these and that none of the old symptoms are worse. If this be the case, and if an improvement in the disposition and mind have already been observed, the medicine must have effected positive diminution of the disease, or, if sufficient time have not yet elapsed for this, it will soon effect it. Now, supposing the remedy is perfectly appropriate, if the improvement delay too long in making its appearance, this depends either on some error of conduct on the part of the patient, or\* on the homœopathic aggravation produced by the medicine lasting too long (§ 157), consequently on the dose not being small enough.

dose of even the most suitable homœopathic medicine acts too violently, and at first produces too great and too lasting a disturbance of the mind and disposition, to allow us *soon* to perceive the improvement in them. I must here observe that this so essential rule is chiefly transgressed by presumptuous tyros in homœopathy, and by physicians who are converted to homœopathy from the ranks of the old school. From all prejudices these persons abhor the smallest doses of the lowest<sup>(a)</sup> dilutions of medicines in such cases, and hence they fail to experience the great advantages and blessings of that mode of proceeding which a thousandfold experience has shown to be the most salutary; they cannot effect all that homœopathy is capable of doing, and hence they have no claim to be considered its adherents.

\*The remaining portion of this section is replaced by the following words "on other interfering circumstances" in the sixth edition.

## § 256.

On the other hand, if the patient mentions the occurrence of some fresh incidents and symptoms of importance—signs that the medicine chosen has not been strictly homœopathic—even though he should good-naturedly assure us that he feels better, we must not believe this assurance, but regard this state as aggravated as it will soon be perfectly apparent it is <sup>(a)</sup>

## § 257.

The true<sup>(a)</sup> physician will take care to avoid making favourite remedies of medicines, the employment of which he has, by chance, perhaps found often useful, and which he has had opportunities of using with good effect. If he do so, some remedies of rare use, which would have been more homœopathically suitable, consequently more serviceable, will often be neglected.

## § 258.

The true practitioner, moreover, will not in his practice with mistrustful weakness neglect the employment of those remedies that he may now and then have employed with bad effects, owing to an erroneous selection (from his own fault, therefore), or avoid them for other (false) reasons, as that they were unhomœopathic for the case of disease before him; he must bear in mind the truth, that of medicinal agents that one alone invariably deserves the preference in every case of disease which corresponds most accurately by similarity to the totality of the characteristic symptoms, and that no paltry prejudices should interfere with this serious choice.

## § 259.

Considering the minuteness of the doses necessary and proper in homœopathic treatment, we can easily understand that during the treatment everything must be removed from the *diet and regimen* which can have any medicinal action, in order that the small dose may not

be overwhelmed and extinguished or disturbed by any foreign medicinal irritant.<sup>1</sup>

§ 260.

Hence the careful investigation into such obstacles to cure is so much the more necessary in the case of patients affected by chronic diseases, as their diseases are usually aggravated by such noxious influences and other disease-causing errors in the diet and regimen, which often pass unnoticed.<sup>2</sup>

§ 261.

The most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying where necessary the reverse: innocent moral and intellectual recreation, active exercise in the open air in almost all

<sup>1</sup> The softest tones of a distant flute that in the still midnight hours would inspire a tender heart with exalted feelings and dissolve it in religious ecstasy, are inaudible and powerless amid discordant cries and the noise of day.

<sup>2</sup> Coffee; fine Chinese and other herb teas; beer prepared with medicinal vegetable substances unsuitable for the patient's state; so-called fine liqueurs made with medicinal spices; all kind of punch; spiced chocolate; odorous waters and perfumes of many kinds; strong scented flowers in the apartment; tooth powders and essences and perfumed sachets compounded of drugs; highly spiced dishes and sauces; spiced cakes and ices; crude medicinal vegetables for soups; dishes of herbs, roots and stalks of plants possessing medicinal qualities; old cheese, and meats that are in a state of decomposition, or that possess medicinal properties (as the flesh and fat of pork, ducks and geese, or veal that is too young and sour viands), ought just as certainly to be kept from patients as they should avoid all excesses in food, and in the use of sugar and salt, as also spirituous drinks, heated rooms, woollen clothing next the skin (which should be exchanged in warm weather, first for cotton, then for linen garments), a sedentary life in close apartments, or the frequent indulgence in mere passive exercise (such as riding, driving or swinging) prolonged suckling, taking a long siesta in a recumbent posture (in bed), sitting up long at night, uncleanliness, unnatural debauchery, enervation by reading obscene books, subjects of anger, grief, or vexation, a passion for play, over-exertion of mind or body, dwelling in marshy districts, damp rooms, penurious living, &c. All these things must be as far as possible avoided or removed, in order that the cure may not be obstructed or rendered impossible. Some of my disciples seem needlessly to increase the difficulties of the patient's dietary by forbidding the use of many more, tolerably indifferent things, which is not to be commended.

kinds of weather (daily walks, slight manual labour), suitable, nutritious, unmedicinal food and drink, &c.

### § 262.

In acute diseases, on the other hand—except in cases of mental alienation—the subtle, unerring internal sense of the awakened life-preserving faculty determines so clearly and precisely, that the physician only requires to counsel the friends and attendants to put no obstacles in the way of this voice of nature by refusing anything the patient urgently desires in the way of food, or by trying to persuade him to partake of anything injurious.

### § 263.

The desire of the patient affected by an acute disease with regard to food and drink is certainly chiefly for things that give palliative relief; they are, however, not strictly speaking of a medicinal character, and merely supply a sort of want. The slight hindrances that the gratification of this desire, *within moderate bounds*, could oppose to the radical removal of the disease<sup>1</sup> will be amply counteracted and overcome by the power of the homœopathically suited medicine and the vital force set free by it, as also by the refreshment that follows from taking what has been so ardently longed for. In like manner, in acute diseases the temperature of the room and the heat or coolness of the bed-coverings must also be arranged entirely in conformity with the patient's wish. He must be kept free from all over-exertion of mind and exciting emotions.<sup>(a)</sup>

### § 264.

The true physician must be provided with *genuine medicines of unimpaired strength*, so that he may be able

<sup>1</sup> This is, however, rare. Thus, for instance in pure inflammatory diseases, where aconite is so indispensable, whose action would be destroyed by partaking of vegetable acids, the desire of the patient is almost always for pure cold water only.

to rely upon their therapeutic powers ; he must be able, *himself*, to judge of their genuineness.

§ 265.

It should be a matter of conscience with him to be thoroughly convinced in every case that the patient always takes the right medicine\*.

§ 266.<sup>(a)</sup>

Substances belonging to the animal and vegetable kingdoms possess their medicinal qualities most perfectly in their raw state.<sup>1</sup>

<sup>1</sup> All crude animal and vegetable substances have a greater or less amount of medicinal power, and are capable of altering man's health each in its own peculiar way. Those plants and animals used by the most enlightened nations as food have this advantage over all others, that they contain a larger amount of nutritious constituents ; and they differ from the others in this, that their medicinal powers in their raw state are either not very great in themselves, or are diminished by the culinary processes they are subjected to in cooking for domestic use. by the expression of the pernicious juice (like the cassava root of South America), by fermentation (of the rye-flour in the dough for making bread, sour-crust prepared without vinegar and pickled gherkins), by smoking and by the action of heat (in boiling, stewing, toasting, roasting, baking), whereby the medicinal parts of many of these substances are in part destroyed and dissipated. By the addition of salt (pickling) and vinegar (sauces, salads) animal and vegetable substances certainly lose much of their injurious medicinal qualities, but other disadvantages result from these additions.

But even those plants that possess most medicinal power lose that in part or completely by such processes. By perfect dessication all the roots of the various kinds of iris, of the horseradish, of the different species of aurum and of the peonies lose almost all their medicinal virtue. The juice of the most virulent plants often becomes an inert pitch-like mass, from the heat employed in preparing the ordinary extracts. By merely standing a long time, the expressed juices of the most deadly plants become quite powerless ; even at a moderate atmospheric temperature it rapidly takes on the vinous fermentation (and thereby loses much of its medicinal power), and immediately thereafter the acetous and putrid fermentation whereby it is deprived of all its peculiar medicinal properties ; the secula that is then deposited, if well washed, is quite innocuous, like ordinary starch. By the transudation that takes place when a number of green plants are laid one above the other, the greatest part of their medicinal properties is lost.

\* The following is added in the sixth edition : and therefore the physician must give the patient the correctly chosen medicine prepared, moreover, by himself.

## § 267.

We gain possession of the powers of indigenous plants and of such as may be had in a fresh state in the most complete and certain manner by mixing their freshly expressed juice *immediately* with equal parts of spirits of wine of a strength sufficient to burn in a lamp. After this has stood a day and a night in a close stoppered bottle and deposited the fibrinous and albuminous matters, the clear superincumbent fluid is then to be decanted off for medicinal use.<sup>1</sup> All fermentation of the vegetable juice will be at once checked by the spirits of wine mixed with it and rendered impossible for the future, and the entire medicinal power of the vegetable juice is thus retained (perfect and uninjured) *for ever* by keeping the preparation in well-corked bottles and excluded from the sun's light<sup>2</sup>

<sup>1</sup> Buchholz (*Taschenb. f. Scheidek. u. Apoth. a. d. J.*, 1815, Weimar, Abth. i. vi) assures his readers (and his reviewer in the *Leipziger Literaturzeitung*, 1816. No. 82. does not contradict him) that for this excellent mode of preparing medicines we have to thank the campaign in Russia, whence it was (in 1812) imported into Germany. According to the noble practice of Germans to be unjust towards their own countrymen, he conceals the fact that this discovery and those directions, which he quotes in *my very words* from the first edition of the *Organon of Rational Medicine*, § 230 and note, proceed from me, and that I first published them to the world two years before the Russian campaign (the *Organon* appeared in 1810). Some folks would rather assign the origin of a discovery to the deserts of Asia than to a German to whom the honour belongs. *O tempora ! O mores !*

Alcohol has certainly been sometimes before this used for mixing with vegetable juices, *e.g.*, to preserve them some time before making extracts of them, but never with the view of administering them in this form.

<sup>2</sup> Although equal parts of alcohol and freshly expressed juice are usually the most suitable proportion for effecting the deposition of the fibrinous and albuminous matter. yet for plants that contain much thick mucus (*e.g.*, *Symphytum officinale*, *Viola tricolor*, &c.), or an excess of albumen (*e.g.*, *Aethusa cynapium*, *Solanum nigrum*, &c.), a double proportion of alcohol is generally required for this object. Plants that are very deficient in juice, as *oleander*, *Buxus*, *Taxus*, *Ledum*, *Sabina*, &c., must first be pounded up alone into a moist, fine mass, and then stirred up with a double quantity of alcohol, in order that the juice may combine with it, and being thus extracted by the alcohol, may be pressed out; these latter may also when dried be brought with milk-sugar to the millionfold trituration, and then be further diluted and potentized (v. § 271).

## § 268.

The other exotic plants, barks, seeds and roots that cannot be obtained in the fresh state the sensible practitioner will never take in the pulverised form on trust, but will first convince himself of their genuineness in their crude, entire state before making any medicinal employment of them.<sup>1(a)</sup>

§ 269.<sup>(a)</sup>

The homœopathic system of medicine develops for its use, to a hitherto unheard-of degree, the spirit-like medicinal powers of the crude substances by means of a process peculiar to it and which has hitherto never been tried, whereby only they all become penetratingly efficacious and remedial, even those that in the crude state give no evidence of the slightest medicinal power on the human body.\*

<sup>1</sup>In order to preserve them in the form of powder, a precaution is requisite that has hitherto been usually neglected by druggists, and hence powders even of well-dried animal and vegetable substances could not be preserved uninjured even in well-corked bottles. The entire crude vegetable substances, though perfectly dry, yet contain, as an indispensable condition of the cohesion of their texture, a certain quantity of moisture, which does not indeed prevent the unpulverised drug from remaining in as dry a state as is requisite to preserve it from corruption, but which is quite too much for the finely pulverised state. The animal or vegetable substance which in its entire state was perfectly dry, furnishes therefore, when finely pulverised, a somewhat moist powder, which, without rapidly becoming spoilt and mouldy, can yet not be preserved in corked bottles if not previously freed from this superfluous moisture. This is best effected by spreading out the powder in a flat tin saucer with a raised edge, which floats in a vessel full of boiling water (i.e., a water-bath), and, by means of stirring it about, drying it to such a degree that all the small atoms of it (no longer stick together in lumps, but) like dry, fine sand, are easily separated from each other, and are readily converted into dust. In this dry state the fine powders may be kept *forever* uninjured in well-corked and sealed bottles, in all their original complete medicinal power, *without ever being injured by mites or mould*; and they are best preserved when the bottles are kept protected from the daylight (in covered boxes, chests, cases). If not shut up in air-tight vessels, and not preserved from the access of the light of the sun and day, all animal and vegetable substances in time gradually lose their medicinal power more and more, even in the entire state, but still more in the form of powder.

\*Another paragraph has been added to this section in the sixth edition.

## § 270.\*

Thus two drops of the fresh vegetable juice mingled with equal parts of alcohol are diluted with ninety-eight drops of alcohol and potentized by means of two succussions, whereby the first development of power is formed and this process is repeated through twenty-nine more phials, each of which is filled three-quarters full with ninety-nine drops of alcohol, and each succeeding phial is to be provided with one drop from the preceding phial (which has already been shaken twice) and is in its turn twice shaken,<sup>1</sup> and in the same manner at last the thirtieth development of power (potentized decillionth dilution X) which is the one most generally used.

## § 271.\*

All other substances adapted for medicinal use—except sulphur, which has of late years been only employed in the form of a highly diluted (X) tincture<sup>(a)</sup>—as pure or oxydised and sulphuretted metals and other minerals, petroleum, phosphorus, as also parts and juices of plants that can only be obtained in the dry state, animal substances, neutral salts, &c., all these are first to be potentized by trituration for three hours, up to the millionfold pulverulent attenuation, and of this one grain is to be dissolved, and brought to the thirtieth development of power through twenty-seven attenuating phials, in the same manner as the vegetable juices.<sup>2</sup>

<sup>1</sup>In order to maintain a fixed and measured standard for developing the power of liquid medicines, multiplied experience and careful observation have led me to adopt two succussions for each phial, in preference to the greater number formerly employed (by which the medicines were too highly potentized). There are, however, homœopaths who carry about with them on their visits to patients the homœopathic medicines in the fluid state, and who yet assert that they do not become more highly potentized in the course of time, but they thereby show their want of ability to observe correctly. I dissolved a grain of soda in half an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and this fluid was in potency and energy equal to the thirtieth development of power.<sup>(a)</sup>

<sup>2</sup>As is still more circumstantially described in the prefaces to *Arsenic* and *Pulsatilla* in the *Materia Medica Pura*.<sup>(a)</sup>

\*This section is wholly re-written in the sixth edition.

\*This section is wholly re-written in the sixth edition.



## § 272.\*

In no case is it requisite to administer more than *one single, simple* medicinal substance at one time.<sup>1(a)</sup>

## § 273.\*

It is not conceivable how the slightest dubiety could exist as to whether it was more consistent with nature and more rational to prescribe a single, well-known medicine at one time in a disease, or a mixture of several differently acting drugs.

## § 274.

As the true physician finds in simple medicines, administered singly and uncombined, all that he can possibly desire (artificial disease-forces which are able by homœopathic power completely to overpower, extinguish, and permanently cure natural diseases), he will, mindful of the wise maxim that "it is wrong to attempt to employ complex means when simple means suffice," never think of giving as a remedy any but a single, simple medicinal substance; for these reasons also, because even though the simple medicines were thoroughly proved with respect to their pure peculiar effects on the unimpaired healthy state of man, it is yet impossible to foresee how two and more medicinal substances might, when compounded, hinder and alter each other's actions on the human body; and because, on the other hand, a simple medicinal substance when used in diseases, the totality of whose symptoms is accurately known, renders efficient aid by itself alone, if it be homœopathically selected; and supposing the worst case to happen, that it was not chosen in strict conformity to similarity of symptoms, and therefore does no good, it is yet so far useful that it promotes our knowledge of therapeutic

<sup>1</sup>Some homœopathists have made the experiment, in cases where they deemed one remedy homœopathically suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies at the same or almost at the same time; but I earnestly deprecate such a hazardous experiment, which can never be necessary, though it may sometimes seem to be of use.

\* Sec. 272 and 273 are wholly re-written in the sixth edition.

agents, because, by the new symptoms excited by it in such a case, those symptoms which this medicinal substance had already shown in experiments on the healthy human body are confirmed, an advantage that is lost by the employment of all compound remedies.<sup>1</sup>

• § 275.

The suitableness of a medicine for any given case of disease does not depend on its accurate homœopathic selection alone, but likewise on the proper size, or rather smallness, of the dose. If we give *too strong a dose* of a medicine which may have been even quite homœopathically chosen for the morbid state before us, it must notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the unnecessary, too strong impression which, by virtue of its homœopathic similarity of action, it makes upon the vital force which it attacks and, through the vital force, upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease.

§ 276.

For this reason, a medicine, even though it may be homœopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity and the higher the potency<sup>2</sup> selected, and it does much more injury than any equally large dose of a medicine that is unhomœopathic.

<sup>1</sup> When the rational physician has chosen the perfectly homœopathic medicine for the well-considered case of disease and administered it internally, he will leave to irrational allopathic routine the practice of giving drinks or fomentations of different plants, of injecting medicated glysters and of rubbing in this or other ointment.

<sup>2</sup> The praise bestowed of late years by some few homœopathists on the larger doses is owing to this, either that they chose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago, from not knowing any better, or that the medicines selected were not perfectly homœopathic.

and in no respect adapted (allopathic) to the morbid state;\* for in the former case the so-called homœopathic aggravation (§§ 157—160)—that is to say the very analogous medicinal disease produced by the vital force stirred up by the excessively large dose of medicine, in the parts of the organism that are most suffering and most irritated by the original disease—which medicinal disease, had it been of *appropriate intensity*, would have gently effected a cure—rises to an injurious height;<sup>1</sup> the patient, to be sure, no longer suffers from the original disease, for that has been homœopathically eradicated, but he suffers all the more from the excessive medicinal disease and from useless exhaustion of his strength.

### § 277.

For the same reason, and because a medicine, provided the dose of it was sufficiently small, is all the more salutary and almost marvellously efficacious the more accurately homœopathic its selection has been, a medicine whose selection has been accurately homœopathic must be all the more salutary the more its dose is reduced to the degree of minuteness appropriate for a gentle remedial effect.

### § 278.

Here the question arises, what is this most suitable degree of minuteness for sure and gentle remedial effect; how small, in other words, must be the dose of each individual medicine, homœopathically selected for a case of disease, to effect the best cure? To solve this problem, and to determine for every particular medicine, what dose of it will suffice for homœopathic therapeutic purposes and yet be so minute that the gentlest and most rapid cure may be thereby obtained—to solve this problem is, as may easily be conceived, not the work of theoretical speculation; not by fine-spun reasoning, not by specious sophistry can we expect to obtain the solution

<sup>1</sup> See note to § 246.

\* The remaining portion of this section is re-written in the sixth edition.

of this problem. Pure experiment, careful observation, and accurate experience can alone determine this ; and it were absurd to adduce the large doses of unsuitable (*allopathic*) medicines of the old system, which do not touch the diseased side of the organism homoeopathically, but only attack the parts unaffected by the disease, in opposition to „what pure experience pronounces respecting the smallness of the doses required for homoeopathic cures.

## § 279.

This pure experience shows UNIVERSALLY, that if the disease do not manifestly depend on a considerable deterioration of an important viscus (even though it belong to the chronic and complicated disease), and if during the treatment all other alien medicinal influences are kept away from the patient, *the dose of the homoeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not be able to overpower, extinguish and cure it, at least in part,\* as long as it is capable of causing some, though but a slight preponderance of its own symptoms over those of the disease resembling it (slight homoeopathic aggravation, §§ 157—160) immediately after its ingestion.*<sup>(a)</sup>

## § 280.

This incontrovertible axiom of experience is the *standard of measurement by which the doses of all homoeopathic medicines, without exception, are to be reduced to such an extent that, after their ingestion, they shall excite a scarcely observable homoeopathic aggravation,*<sup>(a)</sup> let the diminution of the dose go ever so far, and appear ever so incredible to the materialistic ideas of ordinary physicians;<sup>1</sup>

<sup>1</sup> Let them learn from the mathematicians how true it is that a substance divided into ever so many parts must still contain in its smallest conceivable parts always *some* of this substance, and that the smallest conceivable part does not cease to be *some* of this substance and cannot possibly become nothing ;—let them, if they are capable of being taught, hear from natural philosophers that there are enormously powerful thing (forces) which are

\*The remaining portion of this sentence is replaced in the sixth edition by the following : and extinguish it from the sensation of the principle of life and thus make a beginning of cure.

their idle declamations must cease before the verdict of unerring experience.\*

§ 281.\*

Every patient is, especially in his diseased point, capable of being influenced *in an incredible degree* by medicinal agents corresponding by similarity of action ; and there is no person, be he ever so robust, and even though he be affected only with a chronic or so-called local disease, who will not soon experience the desired change in the affected part, if he take the salutary, homœopathically suited medicine in the smallest conceivable dose. who, in a word, will not thereby be much more altered in his health than a healthy infant of but a day old would be. How insignificant and ridiculous is *mere theoretical* scepticism in opposition to this unerring, infallible experimental proof !<sup>(a)</sup>

perfectly destitute of weight, as, for example, caloric, light, &c., consequently infinitely lighter than the medicine contained in the smallest doses used in homœopathy ;—let them, if they can, weigh the irritating words that bring on a bilious fever, or the mournful intelligence respecting her only son that kills the mother ; let them touch, for a quarter of an hour, a magnet capable of lifting a hundred pounds weight, and learn from the pain it excites that even imponderable agencies can produce the most violent medicinal effects upon man ;—and let the weak ones among them allow the pit of their stomach to be slightly touched by the thumb's point of a strong-willed mesmeriser for a few minutes, and the disagreeable sensations they then suffer will make them repent of attempting to set limits to the boundless activity of nature ; the weak-minded creatures !

If the allopathist who is trying the homœopathic system imagine he cannot bring himself to give such small and profoundly attenuated doses, let him only ask himself what risk he runs by so doing ? If the scepticism which holds what is ponderable only to be real, and all that is imponderable to be nothing, be right, nothing worse could result from a dose that appears to him to be nothing, than that no effect would ensue—and consequently this would be always much more innocuous than what must result from his too large doses of allopathic medicine. Why will he consider his inexperience, coupled with prejudice, more reliable than an experience of many years corroborated by facts ? And, moreover, the homœopathic medicine becomes *potentized* at every division and diminution by trituration or succussion !—a development of the inherent powers of medicinal substances which was never dreamed of before my time, and which is of so powerful a character that of late years I have been compelled by convincing experience to reduce the *ten* succussions formerly directed to be given after each attenuation, to *two*.

\* Sec. 280—288 are entirely recast in the sixth edition.

A very important footnote to Sec. 232 appears in the sixth edition.

## § 282.\*

The smallest possible dose of homœopathic medicine capable of producing only the very slightest homœopathic aggravation, will, because it has the power of exciting symptoms bearing the greatest possible resemblance to the original disease (but yet stronger even in the minute dose), attack principally and almost solely the parts in the organism that are already affected, highly irritated, and rendered excessively susceptible to such a similar stimulus, and will alter the vital force that rules in them to a state of very similar artificial disease, somewhat greater in degree than the natural one was; this artificial disease will substitute itself for the natural (the original) disease, so that the living organism now suffers from the artificial medicinal disease alone, which, from its nature and owing to the minuteness of the dose, will soon be extinguished by the vital force that is striving to return to the normal state, and (if the disease were only an acute one) the body is left perfectly free from disease—that is to say, quite well.

## § 283.\*

Now, in order to act really in conformity with nature, the true physician will prescribe his well selected homœopathic medicine only in exactly as small a dose as will just suffice to overpower and annihilate the disease before him—in a dose of such minuteness, that if human fallibility should betray him into administering an inappropriate medicine, the injury accruing from its nature being unsuited to the disease will be diminished to a mere trifle; moreover the harm done by the smallest possible dose is so slight, that it may be immediately extinguished and repaired by the natural vital powers, and by the speedy administration of a remedy more suitably selected according to similarity of action, and given also in the smallest dose.<sup>(a)</sup>

## § 284.

The action of a dose, moreover, does not diminish in the direct ratio of the quantity of material medicine contained in the dilutions used in homoeopathic practice. Eight drops of the tincture of a medicine to the dose do not produce *four times* as much effect on the human body as two drops, but only about twice the effect that is produced by two drops to the dose. In like manner, *one drop* of a mixture of a drop of the tincture with ten drops of some unmedicinal fluid, when taken, will not produce *ten times* more effect than *one drop* of a mixture ten times more attenuated, but only about (scarcely) *twice as strong* an effect, and so on in the same ratio—so that a drop of the lowest<sup>(\*)</sup> dilution must, and really does, display still a very considerable action.<sup>1</sup>

## § 285.

The diminution of the dose essential for homoeopathic use, will also be promoted by diminishing its volume, so that, if, instead of a drop of a medicinal dilution, we take but quite a small part<sup>2</sup> of such a drop for a dose, the

<sup>1</sup> Supposing one drop of a mixture that contains  $\frac{1}{10}$  of a grain of medicine produces an effect . . . . . =  $a$ ,  
 one drop of a more diluted mixture containing  $\frac{1}{100}$ th of a grain of the medicine will only produce an effect . . . . . =  $\frac{a}{2}$ ;  
 if it contain  $\frac{1}{1000}$ th of a grain of medicine, about . . . . . =  $\frac{a}{4}$ ;  
 if it contain  $\frac{1}{10000}$ th of a grain of medicine, it will produce an effect . . . . . =  $\frac{a}{8}$ ;  
 and thus it goes on, the volume of the doses being equal, with every (perhaps more than) quadratic diminution of the quantity of medicine, the action on the human body will be diminished each time to only about one-half. I have *very often* seen a drop of the decillion-fold dilution of tincture of nuxvomica produce pretty nearly just *half as much* effect as a drop of the quintillion-fold dilution, under the same circumstances and in the same individual.

<sup>2</sup> For this purpose it is most convenient to employ fine sugar globules of the size of poppy seeds, one of which imbibed with the medicine and put into the dispensing vehicle constitutes a medicinal dose, which contains about the three hundredth part of a drop, for three hundred such small globules will be adequately moistened by one drop of alcohol. The dose is vastly diminished by laying one such globule alone upon the tongue and giving nothing to drink. If it be necessary, in the case of a very sensitive patient, to employ the smallest possible dose and to bring about the most rapid result, one single olfaction merely will suffice (see note to § 288).

\* Sec. 284-289 are omitted in the sixth edition.

object of diminishing the effect still further will be very effectually attained ; and that this will be the case may be readily conceived for this reason, because with the smaller volume of the dose but few nerves of the living organism can be touched, whereby the power of the medicine is certainly also communicated to the whole organism, but it is a weaker power.

### § 286.

For the same reason the effect of a homoeopathic dose of medicine increases, the greater the quantity of the fluid in which it is dissolved when administered to the patient, although the actual amount of medicine it contains remains the same. For in this case, when the medicine is taken, it comes in contact with a much larger surface of sensitive nerves responsive to the medicinal action. Although theorists may imagine there should be a weakening of the action of a dose of medicine by its dilution with a large quantity of liquid, experience asserts exactly the opposite, at all events when the medicines are employed homoeopathically.<sup>1</sup>

### § 287.

But in this increase of action by the mixture of the dose of medicine with a larger quantity of liquid (before its ingestion), the result is vastly different whether the mixture of the dose of medicine with a certain quantity of liquid is performed merely superficially and imperfectly, or so uniformly and intimately<sup>2</sup> that the smallest

<sup>1</sup> It is only the most simple of all stimulants, wine and alcohol, that have their heating and intoxicating action diminished by dilution with much water.

<sup>2</sup> By the word *intimately* I mean this: that when for instance, the drop of a medicinal fluid has been shaken up *once* with one hundred drops of spirits of wine; that is to say, the phial containing both held in the hand, has been rapidly moved from above downwards with a *single* smart jerk of the arm, there certainly ensues a thorough mixture of the whole, but with two, three, ten and more such strokes, this mixture becomes much more intimate; that is to say, the medicinal power becomes much more potentized and the spirit of this medicine, so to speak, becomes much more unfolded, developed, and rendered much more penetrating in its action on the nerves. If, then, the required object we wish to attain with the low dilutions be the diminution of



portion of the diluting fluid receives the same quantity of medicine in proportion as all the rest; for the latter becomes much more medicinally powerful by the diluting mixture than the former. From this every one will be able to judge for himself how to proceed with the regulation of the homœopathic medicinal doses when he desires to diminish their medicinal action as much as possible, in order to make them suitable for the most sensitive patients.<sup>1</sup>

### § 288.

The action of medicines in the liquid form<sup>2</sup> upon the

the doses for the purpose of moderating their powers upon the organism, we would do well to give no more than two such succussion-jerks to each of the twenty, thirty, &c., dilution phials, and thus to develop the medicinal power only *moderately*. It is also advisable, in attenuating the medicine in the state of dry powder by trituration in a porcelain mortar, to keep within certain limits, and, for example, to triturate strongly, for one hour only, one grain of the crude entire medicinal substance, mixed with the first hundred grains of milk-sugar, and to triturate the attenuation of one grain of this mixture with another hundred grains of milk-sugar (to the  $\frac{1}{100000}$ th attenuation) likewise only for one hour, and to make the third attenuation (to  $\frac{1}{1000000}$ ) also by one hour of strong trituration of one grain of the previous mixture with one hundred grains of milk-sugar, in order to bring the medicine to such an attenuation that its development of power shall remain moderate. A more exact description of this process will be found in the prefaces to *Arsenic* and *Pulsatilla* in the *Materia Medica Pura*.<sup>(a)</sup>

<sup>1</sup> The higher we carry the attenuation accompanied by dynamization (by two succussion strokes), with so much the more rapid and penetrating action does the preparation seem to affect the vital force and to alter the health, with but slight diminution of strength even when this operation is carried very far,—in place, as is usual (and generally sufficient) to X when it is carried up to XX, L, C, and higher; only that then the action always appears to last a shorter time.<sup>(a)</sup>

<sup>2</sup> It is especially in the form of vapour, by olfaction and inhalation of the medicinal aura that is always emanating from a globule impregnated with a medicinal fluid in a high development of power, and placed, dry, in a small phial, that the homœopathic remedies act most surely and most powerfully. The homœopathic physician allows the patient to hold the open mouth of the phial first in one nostril, and in the act of inspiration draw the air out of it into himself and then, if it is wished to give a stronger dose, smell in the same manner with the other nostril, more or less strongly, according to the strength it is intended the dose should be; he then corks up the phial and replaces it in his pocket case, to prevent any misuse of it, *and unless he wish it, he has no occasion for an apothecary's assistance in his practice*. A globule, of which ten, twenty or one hundred weigh one grain, impregnated with the thirtieth

living human body takes place in such a penetrating manner, spreads out from the point of the sensitive fibers provided with nerves whereto the medicine is first applied with such inconceivable rapidity and so universally through all parts of the living body, that this action of the medicine must be denominated a spirit like (a dynamic, virtual) action.

### § 289.

Every part of our body that possesses the sense of touch is also capable of receiving the influence of medicines, and of propagating their power to all other parts.<sup>1</sup>

### § 290.\*

Besides the stomach, the tongue and the mouth are the parts most susceptible to the medicinal influences ;

potentized dilution, and then dried, retains for this purpose all its power *undiminished* for at least eighteen or twenty years (my experience extends this length of time), even though the phial be opened a thousand times during that period, if it be but protected from heat and the sun's light. Should both nostrils be stopped up by coryza or polypus, the patient should inhale by the mouth, holding the orifice of the phial betwixt his lips. In little children it may be applied close to their nostrils whilst they are asleep, with the certainty of producing an effect. The medicinal aura thus inhaled comes in contact with the nerves in the walls of the spacious cavities it traverses without obstruction, and thus produces a salutary influence on the vital force, in the mildest yet most powerful manner, and this is much preferable to every other mode of administering the medicament in substance by the mouth. All that homœopathy is capable of curing (and what can it not cure beyond the domain of mere manual surgical affections ?) among the most severe chronic diseases that have not been quite ruined by allopathy, as also among acute diseases, will be most safely and certainly cured by this olfaction. I can scarcely name one in a hundred out of the many patients that have sought the advice of myself and my assistant during the past year, whose chronic or acuted disease we have not treated with the most happy results, solely by means of this olfaction ; during the latter half of this year, moreover, I have become convinced (of what I never could previously have believed) that by this olfaction the power of the medicine is exercised upon the patient in, *at least*, the same degree of strength, and that more quietly and yet just as long as when the dose of medicine is taken by the mouth, and that, consequently, the intervals at which the olfaction should be repeated should not be shorter than in the ingestion of the material dose by the mouth.(a)

<sup>1</sup> A patient even destitute of the sense of smell may expect an equally perfect action and cure from the medicine by olfaction.

\*This section corresponds to Sec. 284 of the sixth edition to some extent.

The Sec. 285 of the sixth edition has no corresponding Section in this edition.

but the interior of the nose is more especially so, and the rectum, the genitals, as also all particularly sensitive parts of our body are almost equally capable of receiving the medicinal action; hence also, parts that are destitute of skin, wounded or ulcerated spots permit the powers of medicines to exercise almost as penetrating an action upon the organism as if the medicine had been taken by the mouth or still better by olfaction and inhalation.

#### § 291.\*

Even those organs which have lost their peculiar sense, *e. g.*, a tongue and palate that have lost the faculty of tasting, or a nose that has lost the faculty of smelling, communicate the power of the medicine that acts first on them alone not less perfectly to all the other organs of the body.

#### § 292.\*

Even the external surface of the body, covered as it is with skin and epidermis, is not unsusceptible of the powers of medicines, especially those in a liquid form, but the most sensitive parts are also the most susceptible.<sup>1</sup> (a)

#### § 293(a)

I find it necessary to allude here to *animal magnetism*, as it is termed, or other *mesmerism* (as it should be called, out of gratitude to Mesmer, its first founder), which differs so much in its nature from all other therapeutic agents. This curative power, often so stupidly

<sup>1</sup> Rubbing-in appears to favour the action of the medicine only in this way, that the friction makes the skin more sensitive, and the living fibres thereby more capable of feeling, as it were, the medicinal power and of communicating to the whole organism this health-affecting sensation. The previous employment of friction to the inside of the thigh makes the mere laying on of the mercurial ointment afterwards quite as powerfully medicinal as if the ointment itself had been rubbed upon that part, a process which is termed *rubbing-in*, but it is very doubtful whether the metal itself can penetrate *in substance* into the interior of the body, or be taken up by the absorbent vessels by means of this so-called rubbing-in. (a) Homœopathy, however, ever requires for its cures the rubbing-in of any medicine, nor does it need any mercurial ointment.

\*Sec. 291-292 are omitted in the sixth edition.

\*This section corresponds to Sec. 288 of the sixth edition; but this Section is largely re-written there.

denied, which streams upon a patient by the contact of a well-intentioned person powerfully exerting his will, either acts homœopathically, by the production of symptoms similar to those of the diseased state to be cured; and for this purpose a single pass made, without much exertion of the will, with the palms of the hands not too slowly from the top of the head downwards over the body to the tips of the toes,<sup>1</sup> is serviceable in, for instance, uterine hæmorrhages, even in the last stage when death seems approaching; or it is useful by distributing the vital force uniformly throughout the organism, when it is in abnormal excess in one part and deficient in other parts, for example, in rush of blood to the head and sleepless, anxious restlessness of weakly persons, &c., by means of a similar, single, but somewhat stronger pass; or for the immediate communication and restoration of the vital force to some one weakened part or to the whole organism,—an object that cannot be attained so certainly and with so little interference with the other medicinal treatment by any other agent besides mesmerism. If it is wished to supply a particular part with the vital force, this is effected by concentrating a very powerful and well-intentioned will for the purpose, and placing the hands or tips of the fingers on the chronically weakened parts, whither an internal chronic dyscrasia has transferred its important local symptom, as, for example, in the case of old ulcers, amaurosis, paralysis of certain limbs, &c.<sup>2</sup> Many rapid

<sup>1</sup> The smallest homœopathic dose, (a) which, however, often effects wonders when used on proper occasions. Imperfect homœopathists, who think themselves monstrously clever, not infrequently deluge their patients in difficult diseases with doses of different medicines, given rapidly one after the other, which, although they may have been homœopathically selected and given in highly potentized attenuation, bring the patients into such an over-excited state that life and death are struggling for the mastery, and the least additional quantity of medicine would infallibly kill them. In such cases a mere gentle mesmeric pass and the frequent application, for a short time of the hand of a well-intentioned person to the part that is particularly affected, produce the harmonious uniform distribution of the vital force throughout the organism, and therewith rest, sleep and recovery.

<sup>2</sup> Although by this restoration of the vital force, which ought to be

apparent cures performed in all ages, by mesmerisers endowed with great natural power, belong to this class. The effect of communicated human power upon the whole human organism was most brilliantly shown, in the resuscitation of persons who had lain sometime apparently dead, by the most powerful sympathetic will of a man in full vigour of vital force,<sup>1</sup> and of this kind of resurrection history records many undeniable examples.

§ 294.\*

All the above-mentioned methods of practising mesmerism depend upon an influx of more or less vital force into the patient, and hence are termed positive mesmerism.<sup>2</sup> An opposite mode of employing mesmerism, however, as it produces just the contrary effect, deserves to be termed negative mesmerism. To this belong the passes which are used to rouse from the somnambule sleep, as also all the manual processes known by the names of *soothing and ventilating*. This *discharge* by means of negative mesmerism of the vital force accumulated to excess in individual

repeated from time to time, no permanent cure can be effected in cases where, as has been taught above, a general internal dyscrasia lies at the root of the old local affection, as it always does, yet this positive strengthening and immediate saturation with vital force (which no more belongs to the category of palliatives than does eating and drinking when hunger and thirst are present) is no mean auxiliary to the actual treatment of the whole disease by homœopathic medicines.

<sup>1</sup> Especially of one of those persons, of whom there are not many, who, along with great kindness of disposition and perfect bodily powers, possesses but a *very moderate desire for sexual intercourse*, which it would give him very little trouble wholly to suppress, in whom, consequently, all the fine vital spirits that would otherwise be employed in the preparation of the semen, are ready to be communicated to others, by touching them and powerfully exerting the will. Some powerful mesmerisers, with whom I have become acquainted, had *all* this peculiar character.

<sup>2</sup> When I here speak of the decided and certain curative power of positive mesmerism, I most assuredly do not mean that abuse of it, where, by repeated passes of this kind continued for half an hour or a whole hour at a time, and, even day after day, performed on weak, nervous patients, that monstrous revolution of the whole human system is effected which is termed somnambulism, wherein the human being is ravished from the world of sense and seems to belong more to the world of spirits—a highly unnatural and dangerous state, by means of which it has not infrequently been attempted to cure chronic diseases.

\* This Section corresponds to Sec. 289 of the sixth edition.

parts of the system of undebilitated persons is most surely and simply performed by making a very rapid motion of the flat extended hand, held parallel to and about an inch distant from the body, from the top of the head to the tips of the toes.<sup>1</sup> The more rapidly this pass is made, so much the more effectually will the discharge be effected. Thus, for instance, in the case where a previously healthy woman,<sup>2</sup> from the sudden suppression of her catamenia by a violent mental shock, lies to all appearance dead, the vital force which is probably accumulated in the precordial region, will, by such a rapid negative pass, be discharged and its equilibrium throughout the whole organism restored, so that the resuscitation generally follows immediately.<sup>3</sup> In like manner, a gentle, less rapid, negative pass diminishes the excessive restlessness and sleeplessness accompanied with anxiety sometimes produced in very irritable persons by a too powerful positive pass, &c.\*

<sup>1</sup> It is a well known rule that a person who is either to be positively or negatively mesmerised, should not wear silk on any part of the body.

<sup>2</sup> Hence a negative pass, especially if it be very rapid, is extremely injurious to a delicate person affected with a chronic ailment and deficient in vital force.

<sup>3</sup> A strong country lad, ten years of age, received in the morning, on account of slight indisposition from a professed female mesmeriser, several very powerful passes with the points of both thumbs, from the pit of the stomach along the lower edge of the ribs, and he instantly grew deathly pale, and fell into such a state of unconsciousness and immobility that no effort could arouse him, and he was almost given up for dead. I made his eldest brother give him a very rapid negative pass from the crown of the head over the body to the feet, and in one instant he recovered his consciousness and became lively and well.

\* Sec. 290 of the sixth edition deals with massage.

Sec. 291 of the sixth edition deals with Water and Baths as remedial agents.



Hahnemann's  
PREFACE TO THE SIXTH EDITION.  
(Summarised Version)

The old school of medicine (allopathy) presumes that the essence of disease consists in excess, deficiency or altered tissues and humors of the body. So the rationale of its treatment consists in reducing, supplying or removing the tissues and humors from the body as the case may be. With that in view blood, the essential nutrient fluid of the body is drawn off; emetics, purgatives, expectorants, sialogogues, diaphoretics, diuretics are used to draw off from the body various imaginary disease-matters. (*materia peccans*). But the result is that the patients are made to suffer more in the name of treatment; and they are devitalised and weakened and their disease conditions rendered more complicated and almost incurable. Further by the long continued uses of drugs in heroic doses and often in combinations (poly-pharmacy) various kinds of ineradicable medicinal diseases are grafted on to natural diseases from which patients were already suffering. The patients are led to believe in the efficacy and propriety of this method of treatment by occasional employments of palliative drugs to temporarily relieve this and that painful symptom. Nothing but suppression of a few morbid symptoms takes place with dire consequences in the long run. This school of treatment considers the visible surface lesions of the body as the whole of disease conditions or as purely local diseases, and the removal of those lesions by external medications is supposed by them as radical cure of the disease in its totality. Whereas the real fact is that the morbid process is simply driven away from the surface of the body and forced to affect the more vital organs in the interior of the organism. When they are at a loss to tackle these serious conditions they evade the issue by administration of so-called 'alteratives' *e. g.* calomel, corrosive sublimate and other mercurial preparations in large doses.

The curable diseases are rendered almost incurable by complicating natural diseases with artificial medicinal diseases, further weakening the patient and making them suffer more with various torturesome therapeutic practices. Habit is the second nature—so when these physicians become habituated to these irrational and unwholesome therapeutic



practices their observations are dulled, reasoning clouded and conscience dead.

The old school physicians hold only to tradition and authority to justify their deeds and misdeeds. They dare not look straight at the facts of nature. A little conscientious amongst them becomes a therapeutic nihilist at the fag end of his medical career and treats even the most serious cases only in an innocent expectant manner with plain substances *e. g.* plantain water mixed with strawberry syrup.

Homœopathy does not accept that diseases are caused by a 'materia peccans' (morbid matter). According to it disease is a process, a condition of the spirit-like power of the vital principle which animates the body. It assumes that disease conditions are cured by the reaction of the vital force against the drug which has been selected homœopathically to the disease. The certainty and rapidity of cure are in proportion to the strength of the vitality still persisting in the sick individual. Homœopathy avoids any torturesome therapeutic practice, any debilitating measure but seeks to cure the patient with just that medicine whose action is known accurately beforehand which is administered in single, simple and infrequent minimum doses and which removes the natural disease by virtue of its homœopathicity to the latter in the mildest and easiest possible manner. But the art of selecting a perfectly similimum remedy is rather a difficult affair entailing accurate observation, much thought and discrimination.

Homœopathy is a simple system of medicine, has a fixed therapeutic Law, is based on easily comprehensible principles and is complete within itself as a therapeutic system. All dangerous routinism of the old school should be completely eschewed as it is fundamentally different from the principles of Homœopathy.

Samuel Hahnemann.

Köthen, March 28, 1833.

Confirmed Paris, 184—<sup>3\*</sup>

\*According to Dr. Haehl, the biographer of Hahnemann, the date of confirmation is February, 1812 according to a manuscript copy made by Madame Hahnemann.

# SUMMARISED VERSIONS

of the more important changes made in the

## SIXTH & FINAL EDITION OF ORGANON.

### Foot-note to Sec. 11.

What is dynamic influence—dynamic power? We notice many natural phenomena in cause and effect relation to one another, where such effects cannot be explained to have been brought about through material agencies or mechanical appliances as are needed for human endeavor, *e.g.*, the revolution of the moon round the earth in a fixed speed, the relation of the moon with the flood and ebb-tide of the northern seas etc. These effects as the results of pure energy and action of the one substance upon the other, are called by Hahnemann as dynamic as opposed to mechanical or chemical (involving atomic interchanges between the molecules of interacting substances).

The pharmacological action of drugs and the morbid actions of noxious agents upon healthy man are nothing else than instances of infection—which is a biological process whereby a specific quality of any morbid agent or a drug is instilled into a living organism by influence or communication without interchange of material parts of the substances concerned, leading to altered state of health as manifested by altered sensations and functions—and so not in any way material or mechanic but dynamic. In the physical domain we find that a magnet draws to itself a piece of iron and induces magnetism in the latter from a distance. Similarly, a child with small-pox or measles infects another untouched healthy child at a distance. These are effects of pure energy or influences in the material and biological planes respectively. The process is essentially qualitative and not quantitative (chemico-material) and hence termed by Hahnemann as *dynamic*.

The pharmacological energy of a medicine by which it causes or cures sickness is not dependent on the corporeal atoms of medicine, whether in crude or highly dynamised state, though it co-exists with the chemico-physical entity of the same medicine. Rather it has been noticed that with the diminution of the materiality of a drug under certain conditions

the specific medicinal energy is thereby unveiled and liberated. Herein we realise the rationale of the dynamisation process of drugs as discovered by Hahnemann.

That psychological factors produce somatic changes in the living organism are but other instances of dynamic actions, *e.g.*, the sight of a disgusting object produces nausea and vomiting; volition produces muscular movements etc.

### Sec. 29.

Here Hahnemann substitutes "vital energy (of the principle of life)" for vital force (5th. edition). He seems to have gravitated towards the "vitalist" school of thought wherein separate entitative existence of 'Life' is accepted.

### Sec. 52.

The principal methods of cure are but two :

- (1) the homœopathic method based on experience involving observation and experiments ;
- (2) the heteropathic or allopathic, radically different from the homœopathic method and can never be reconciled to the former or practised simultaneously along with the former.

### Sec. 53.

As the homœopathic method is based on a law of nature and verified by observation and logical methods of deduction and induction it is the only correct method of bringing about true cures in the mildest possible and straightest way through human art as there is but one straight line between two given points.

### Sec. 54.

The allopathic method of treatment developed into mutually differing systems of Medicine and styled itself as Rational Medicine as each system-builder claimed to find out the secrets of life, health and disease according to their pre-conceived notions, unwarranted assumptions and faulty observation of nature. Each seemed to have discovered specific causes for specific disease-conditions to which they labelled specific names and the '*modus operandi*' of specific drugs in removing these supposed

specific disease-causes according to their imaginary physiological and pathological conceptions and hypotheses. Hence the numerous text books on the Practice of Medicine and Materia Medica.

### Sec. 55.

Though the public soon found that their sufferings increased all the more with discovery and application of each, so-called, new system of medicine in the art of healing their delusion about efficacy of those systems persisted because of palliative relief obtained, at times, by some medicines empirically discovered by those systems.

### Sec. 56.

It is the palliative element in the allopathic method of treatment that helped to keep public faith on the physicians who followed Galen's teaching "*Contraria contrariis*" for seventeen centuries. This palliative method though having an obvious relation to a portion of the sufferings in natural disease-conditions is just what should be avoided in the treatment of chronic diseases if radical cure and not mere temporary abeyance of sufferings (and in many cases followed by disastrous consequences) are envisaged.

### Foot-note to Sec. 56.

The following is added to this foot-note :

Experience contradicts that true cures are effected by means of the very same noxious agent (*per idem*). Advocates of Isopathy were deluded by the success of introduction and use of cowpox vaccination in protection against small-pox infection. But cow-pox and small-pox are only similar and in no way the same, identical disease. There is some difference in the clinical picture and mode of infection between these two diseases. "Universal vaccination put an end to all epidemics of that deadly fearful small-pox to such an extent that the present generation does no longer possess a clear conception of the former frightful small-pox plague" (W. Boerick's translation of the sixth edition of *Organon*.)

In this way certain animal diseases may provide us with medicines and medicinal potencies for some human diseases which are similar to the former.

But aggravation of the disease will take place in a human being by the use of a human morbid matter *e.g.*, the use of a Psorin taken from human itch as a therapeutic remedy for the same human itch——?

### Sec. 148.

In this section Hahnemann denies a "Materia peccans" as the prime etiological factor of a natural disease condition.

The natural disease is not a morbid material lurking inside or on the surface of human organism. It is an alteration of the state of health by the qualitative action of any noxious agent on the spirit-like life-principle producing altered sensations and functions. It is a process of infection. With the homœopathic method of administration of remedies the influence of the natural disease-cause on the life-principle is substituted by that of the remedy by virtue of its homœopathicity and stronger dynamic action. Thus the life-force is freed from the influence of the natural disease-cause and comes under that of the remedy but it soon overcomes the medicinal disease on account of the very small dose of the medicine which is rapidly excreted from the body. The acute natural disease will thus disappear in a few hours.

Chronic diseases take a longer time to disappear and will require several doses of the same remedy of higher potencies or of another more similar homœopathic medicine as the occasion demands subsequently. Thus the life-principle being freed from the natural and artificial medicinal disease conditions is restored to its previous healthy condition and health and strength returns.

### Sec. 246.

So long as improvement continues any medicine ought not to be repeated as its effect is progressing towards its completion. This is frequently observed in the treatment of acute diseases. Any simple dose of properly selected homœopathic remedy cures at times the chronic diseases if it is left undisturbed to complete its action within 40, 50, 60, 100 days. But it is desirable that cure should be expedited by diminishing the period to one-half, one-quarter and ever still less. Experience have taught me that a much more rapid cure might be obtained under the following conditions :

- (1) First, if the medicine selected is a perfectly similimum.
- (2) Secondly, if the medicine is administered in higher potencies, dissolved in water and given in proper small doses and definite

intervals in accordance with my latest discovery and experience, *i. e.*, the degree of potency of every dose should change somewhat from the preceeding and following in order that the vital force can have the time to adapt itself with repeated doses of altered potencies of the same drug and may not react violently and unfavourably as might be the case with the administration of rapidly repeated doses of the same potency of a drug though homœopathically suited to the disease.

Foot-note to Sec. 246.

Hahnemann gives here entirely new directions for repeating medicines as compared to what he wrote in the fifth edition of Organon.

The homœopathic medicine may now be given daily and for months. In the treatment of chronic diseases medicine may be started with lower potencies for one or two weeks (with daily changes in the potency) and then continued in the same way to higher potencies.

Sec. 247.

Hahnemann advances two reasons against repetition of the same potency of the drug, though homœopathically selected.

- (1) First, the vital principle fails to assimilate repetition of drug in the same potency or rather reacts unfavourably as the second dose finds its condition already changed after the administration of the first dose.
- (2) Secondly, the patient might be made more sick by the repetition of the unchanged doses of the same medicine ; and a true aggravation of the condition of the patient might take place.

But if the succeeding doses are changed slightly every time the vital principle will tolerate such stimuluses and cure will be expedited.

Sec. 248.

The medicinal solution is potentized a-new with perhaps 8, 10, 12 succussions. From this one or several teaspoonful doses are given to a patient—daily or every second day in chronic diseases and every two to six hours and in very urgent cases every hour or oftener in acute diseases. In chronic diseases when the solution of lower degrees of medicinal potencies are used up (in seven or fifteen days) and if the patient feels continued improvement a fresh solution of the same

medicine in higher potencies is made and used by modifying the solution of every dose with strong succussions, thus altering its potency somewhat during administration of each succeeding dose. When new symptoms appear one more homœopathically suited medicine must be selected in place of the last and administered in the same way as before. With such almost daily repetition of the homœopathic medicine when a condition of homœopathic medicinal aggravation appears towards the end of the treatment of a chronic disease further reduction in the doses must be effected and such doses should be repeated in longer intervals and possibly discontinued for several days in order to watch whether the aggravation condition passes off by itself.

If the method of administration of a remedy is effected through olfaction one globule of the medicine is dissolved in a dram of dilute alcohol and this is to be used by olfaction every two, three or four days and this also must be thoroughly succussed 8 to 10 times before each olfaction.

#### Foot note to Sec. 248.

The solution of medicine is made in 40, 30, 20, 15 or 8 tablespoonfuls of water and some alcohol is added to it or a piece of charcoal as a preservative. One globule saturated with the medicine dynamised in a new way, according to the latest instructions of Hahnemann is dissolved in only 7-8 tablespoonfuls of water in a vial. The solution is thoroughly succussed, one tablespoonful is taken from it and put in a glass of water (containing about 7 to 8 spoonfuls). This is stirred thoroughly and then a spoonful of it is given to the patient. If the patient is found to be unusually sensitive a teaspoonful of this solution may be put in a second or a third or a fourth glass, similarly prepared. Fresh solution in each glass must be prepared daily. This high potency globule should at first be crushed in a few grains of sugar of milk and then be dissolved in a required quantity of water in glass phial.

#### Sec. 269.

The process of dynamisation of drugs as made use of in the homœopathic system of medicine reveals or liberates the pharmacological property of many drugs which do not give any evidence of the medicinal action on the human body in their crude state and intensifies the pharmacological property of a drug which manifests it to some degree

even in the crude state. This process consists in the mechanical action upon their smallest particles by means of trituration and succussion and through addition of an indifferent substance, dry or fluid, (*e.g.* sugar of milk or alcohol) to separate them from one and another. This process of developing the pharmacological property lying latent in the drug substance, is called dynamisation or potentization; and the products are known as potencies in different degrees.

Foot-note to Sec. 269.

Homœopathic medicines should not be called as mere dilutions or attenuations. These potentised medicines reveal the inner pharmacological property of drugs, so prepared, in a more and more penetrating efficacious manner.

Simple dilution of medicines in larger and larger quantity of a solvent never develops the medicinal energy of a remedy.

Sec. 270.

Details of the new and latest process of dynamisation of drugs according to Hahnemann :

- (1) One grain of the medicine is triturated for three hours with three times one hundred grains sugar of milk up to the one-millionth part in powder form. The method is described below in the foot-note to this section.
- (2) One grain of this powder is dissolved in 500 drops of a mixture of one part of alcohol and four parts of distilled water. One drop of this solution is put in a glass phial.
- (3) 100 drops of pure alcohol are added to this drop and given one hundred strong succussions.
- (4) Thus is prepared the medicine in the *first degree of dynamisation*. Small sugar globules are moistened with this solution. They are dried by quickly spreading them on a piece of blotting paper. They are then kept in a well-corked glass phial with the sign of (1) degree of potency.
- (5) Only one globule of the medicine thus prepared is put in a second new glass phial (with a drop of water to dissolve it) to which are added 100 drops of pure alcohol and the solution is given 100 succussions.





6-7 minutes and scraped together 3-4 minutes before the second and the last third of sugar of milk is added. After each third, the same procedure is followed.

In the end the powder is put in a well-stoppered phial and labelled  $\frac{1}{100000}$ .

- (a) To complete such a trituration of three degrees it takes one hour for every degree i.e., six times 6 to 7 minutes for triturating and six times 3-4 minutes for scraping.
- (d) After triturating one grain of the last powder in the same way, each grain of the mixture contains  $\frac{1}{1,000,000}$  of the original substance.
- (3) The globules of sugar of milk, used for the purpose, are of such size that 100 of them will weigh one grain.
- (4) The glass-phial used for potentizing is filled two-thirds full.
- (5) According to Hahnemann's previous directions one drop of the liquid of a lower potency was added to 100 drops of alcohol for higher potentiation. According to his latest directions only one globule (100 of which weigh one grain) is potentised with 100 drops of alcohol and the solution will contain  $\frac{1}{100,000}$  of the original substance as 500 such globules can hardly absorb one drop for their saturation. Hahnemann's method produces medicines of highest unfolding of medicinal energy as well as mildest action.

The small doses of such prepared medicines, even of medicines of long continued action may be repeated at short intervals. In chronic diseases it is the best method to commence with the lowest degrees of potencies and work up to higher and higher potencies when found necessary.

### Sec. 271.

A Homœopathic physician may use the fresh plant itself. A few grains of the powdered plant are mixed with 100 grains of sugar of milk three times successively the potency is raised to one millionth degree before further dynamising it by means of succussions. This procedure is to be followed with the rest of crude drugs of either dry or oily nature.

## Sec. 272.

The smallest dose for an acute disease of moderate intensity is one such prepared globule placed dry on the tongue. Here the medicine touches but a few nerves, whereas a similar globule crushed with a little sugar of milk and dissolved in a considerable quantity of water will act far more powerfully as the medicinal solution comes 'into contact with many nerves.

## Sec. 273.

It is not absolutely permissible in homœopathy to give to the patient more than one single, simple remedial substance at a time.

## Sec. 280.

So long as the patient keeps improving the medicine can be continued with gradually ascending degrees of potency. The medicine is to be discontinued as soon as the patient experiences the return of one or several old original complaints, though in a mild degree. It indicates that the patient needs no further medication ; and the reappearing symptoms are due to medicinal disease induced on the patient by the homœopathic remedy. It indicates further that the vital principal of the patient is freed from the natural disease and his present sufferings are due to homœopathic medicinal aggravation.

## Sec. 281.

To ascertain whether the reappearing symptoms belong to the original natural disease or artificial medicinal disease the best way is to discontinue the medicine or to give only unmedicated globules for a few more days and watch the effects. If the symptoms are due to medicinal aggravation they will automatically pass off in a few days or hours. If no symptoms of the original disease persist in the patient who is still observing proper hygienic rules, it is most probable that he is cured. But if the traces of the original disease symptoms continue during the later period of treatment it may be inferred that the original disease has not been extinguished in its totality and treatment should be continued with higher potencies ( in gradually ascending series ) of the previously indicated remedy. In case of a hypersusceptibility in patients the doses

of medicine should be gradually raised to higher potencies ; whereas a patient with less susceptibility will require rapid repetition of the remedy in ascending scales of potency in accordance with Hahnemann's latest instructions,

Sec. 232.

If there appears marked aggravation of original disease symptoms, especially in chronic diseases, after the administration of the first dose or every repeated dose however modified by shaking and stirring the original medicinal solution it is certain that the dose of medicine employed was too large.

Foot-note to Sec. 282.

There is one important exception to the general rule of commencing the treatment of chronic diseases with the smallest possible doses *i. e.*, in the treatment of the three miasmatic disease conditions where the primary cutaneous manifestation still persists *viz.*, the recently erupted itch, the chancre uninterfered with external medications and the figwarts. These not only tolerate, but indeed require, from the very beginning *big doses* of their specific remedies of higher and higher degrees of dynamisation daily (possibly also several times daily).

There is no danger of over-medication in these cases because the presence of external manifestations of the chronic miasmatic infections will indicate to the contrary. Continued improvement in the external lesions will guide one to judge the improvement in such a chronic disease by internal homœopathic medication. For none of these three chronic miasmatic conditions can be cured in its entire totality without complete disappearance of the external lesions by internal medication.

Diseases are but altered conditions in the state of health of the living organism and possess no 'materia peccans' and therefore the local structural changes are neither the whole nor the essence of the disease condition. There is nothing material to take away, to add to, to burn, or cut away at the cost of making the patient as a whole, more sick or incurable. The qualitative change in the state of health of the organism, produced by the qualitative influence of any morbidic noxious agent, can only be restored to its previous healthy condition by the pharmacological quality of a medicine by virtue of its homœopathicity, greater affinity

to the vital principle and stronger dynamic action. The artificial medicinal disease replaces the natural disease condition and disappears itself within a short time thus leaving the vital force of the vital principle free from both the natural and artificial disease-forces.

It is found by experience that the psoric malady with its external itch manifestations and the syphilitic miasmatic condition plus its chancre can and must be cured only by means of specific *i. e.*, homœop<sup>h</sup>athic medicines taken internally. Exception to this rule of practice is observed in the treatment of figwarts ( if they have persisted for some time without treatment ) for the complete cure of which external application of their specific medicines plus their internal administration simultaneously are advocated.

COMMENTARY  
ON  
ORGANON  
THE DOCTRINAL PART  
( SEC. 1—70 )

SEC. 1 and 2.

**The Physician's work.**

In the introductory chapters it was discussed how Hahnemann got discontented and found fault with the therapeutic procedures prevalent during his time. His study, experience and deep logical thinking led him to conclude that medicine was, hitherto, practised more as 'an art of physic' (drugging) than 'an art of healing'. The objective was often missed and the physicians were off the track. They forgot that medicine, in order to be fruitful and effective, ought to be studied and practised with a view to cure sick people and to prevent men falling ill. The study and practice of medicine from any other standpoint and with any other objective in view, would fall short of the mark and mislead the physicians. A sick man wants to be cured of his sufferings, and what else should engage the first attention of the physicians? The pursuit of medicine is not an end in itself; it is not cultivated for the ennobling of one's soul or disciplining of one's mind but for the practical purpose of curing the sick. All knowledge which is best conducive to that central purpose is indispensable for a physician. It must be borne in mind that a physician has other functions to discharge besides that of a therapist. A man gets sick; he or his relations want to know what is the matter with him or whether his illness is of mild, moderate or of severe degree. Who is to supply them with the necessary informations?—Certainly a physician. A man falls ill and his disease might have the chance of spreading and attacking others through contagion or infection. Who is to find that out or to take necessary precautions?—Certainly a physician. A man seeks advice regarding the preservation of his health. Who is to supply him with necessary instructions?—Certainly a physician. A man

dies and some foul play is suspected. Who is to help the State and the society in the interest of individual safety and security of life?—Certainly a physician. Thus it is found that a physician in a modern civilised state and society, has got to be a diagnostician, a prognosticator, a preventive and public health officer and a medico-legal jurist as well. But the chief burden of his duty is concerned with the curing of men when they fall ill. And it is just this part of their duty in which the physicians of Hahnemann's time failed most miserably; and it is this part of the physician's duty which was the principal occupation as also the preoccupation of Hahnemann. That is why he defines the physician's duty at the very outset so that people may not misunderstand him or his viewpoint.

We may note here the different versions of the first aphorism. In the first edition of *Organon*, as translated by C. W. Wheeler, it reads: The physician has no higher aim than to make sick folk well, to pursue what is called the Art of Healing. According to Dudgeon's translation: The physician has no higher object than to make sick men well,—to cure as it is termed. This section implies clearly that Hahnemann was not unmindful of other 'aims' and objects of a physician but gave priority to the physician's function of curing the sick.

From the second edition of *Organon* this aphorism seems to have taken a more dogmatic turn which has served to confuse many of our contemporaries. Dudgeon translates it thus—"The physician's high and *only* mission is to restore the sick to health, to cure as it is termed." C. Wesselhœft translates thus—"The physician's highest and *only* calling is to restore health to the sick, which is called Healing."

Dudgeon's use of the term "mission" is taken by many as lending a religious flavour to Hahnemann's writings (and rendering them as categorical imperatives) and putting them above criticism. Wesselhœft's use of the term 'calling' brings the whole thing down to the matter-of-fact plane and he means by it the professional duty of a physician. The use of the adjective 'only' by both Dudgeon and Wesselhœft is apt to narrow down the function of a physician to that of a therapist to the exclusion of his other functions. But this section when read with Sections 2, 3, 4 and 5 gives no room for such a misconception.

Apprehending any such misunderstanding Hahnemann takes pains to clarify his viewpoint in a foot-note to this Section. What he positively asserted is that the primary and the most important preoccupation of a physician would be with regard to cure of sick people; and what he

negatively implied was that there was enough of 'medicine of speculation' and time was ripe for turning it to "a medicine of experience"; and that "it is now high time that all who call themselves physicians should at length cease to deceive suffering mankind with mere talk, and begin now, instead, for once to act, that is, really to help and to cure."

The first edition of Organon was published in 1810 and after an interval of eight long years the second edition saw the light of the day. The 'Organon' as aptly remarked by Hæhl "represented the finger-post at the cross-roads of the healing art. This way was Allopathy, the wide and ancient highway of school medicine. That way Homœopathy, the narrow, new and little used path-way leading to fresh country." The medical profession of Hahnemann's time was asked to make their choice. But as usual, conservative spirit and dogmatism held the ground; and calumny, vituperations and the most vile persecutions fell to the lot of Hahnemann who, nonetheless, deserved laurels and universal acclamations for his achievements and discovery—"the cross his payment for the crown he gave." This undoubtedly stiffened the attitude of Hahnemann and his writings took the nature of a "categorical imperative." It is no wonder that after eight years he wrote with the zeal and certainty of a prophet of a new gospel "like the prophets of all times and creeds, who have entered upon their task with reckless and inspired zeal amounting to fanaticism, who have not been afraid of exaggerations. Hahnemann felt this to be his mission which he must fulfil according to divine decree." Thus he might have been induced to write about the mission of a physician. With all due respect to Hahnemann we must side with Wheeler when he writes "Homœopathy is no religion but a rule of practice."

It is very curious to note a very close parallelism in thought between Hahnemann and the authors of the Ayurvedic system of India. There we find:

"That alone is right medicine which can remove disease.

He alone is the true physician who can restore health."

(Charak Samhita, Sutrasthanam),



## SEC. 2.

**The highest ideal of cure.**

The highest, if not the sole, function of a physician is to cure the sick. What is the highest ideal of cure ?

It should be rapid, gentle and permanent restoration of health or removal of disease in its whole extent, in the shortest, 'most reliable and most harmless way, on easily comprehensible principle.

This statement implies the following considerations :

- (1) Disease is suffering. The sooner a person is relieved of his suffering the better for him. It goes without saying that the method of cure which takes the shortest time is certainly the ideal method.
- (2) The method of cure should be as painless and harmless as possible. A diseased man is already suffering. If his suffering is made worse by the method of treatment adopted it is like adding fuel to the fire. During Hahnemann's time leeching, cauterisation, blistering, and other torturesome practices were in vogue. To prevent sepsis a wounded limb was dipped in boiling oil or tar and the agony of the patient was made worse. Nothing could be more welcome to the patient if a painless method of treatment could be discovered. And this is certainly one of the factors of the highest ideal of cure. Some object to the method of treatment by injections whether sub-cutaneous, intramuscular or intravenous—as they might cause some amount of pain due to needle-pricking. But it is easy to follow that Hahnemann kept in mind those other torturesome practices when he advocated gentler methods of treatment even if those methods eventually led to cure of sick.
- (3) Disease is a state of suffering of living organism due to some deviation from the state of normal health which keeps the man in a condition of ease or comfort. Cure is alteration of that altered state of health to its previously normal healthy state. Cure is not worth the name if the health is not restored permanently. A temporary restoration of health to be followed by suffering of any sort, falls short of the ideal cure. Palliation or suppression of the state of suffering should not be our ideal.

- (4) Removal of the state of suffering in its whole extent implies the holistic conception of the organism. Suffering is manifested through symptoms of various kinds of which some may be of the most agonising type while others may be least painful. But every symptom indicates a deviation from the state of normal health ; as such each and every symptom have got to be removed to cure the disease in its whole extent. The whole is not limited by its manifestations or exhausted by them. Similarly any disease condition is not limited or exhausted by the sum total of perceptible symptoms, both subjective and objective.
- (5) Cure should be effected in the most harmless way. During Hahnemann's time venesection was resorted to for nearly every type of ailment and much vital fluid used to be wasted in the name of treatment. The patient used to recover not because of treatment but inspite of treatment.
- (6) The last but not the least criterion for an ideal cure is that the therapeutic practice must not be based on an empirical guess-work. The art of healing must be based on scientific principles deduced from observations, generalisations and experimental verifications. A therapeutic Law is to be discovered and treatment must be based on the applications of that law. The advantage is that a curative remedy can be predicted for each curable diseased individual just as the exact date and time of solar or lunar eclipse may be predicted by astronomical calculations based on the law of gravitation and mutual attraction of any two masses in the universe.

It may be noted that these criteria for an ideal cure were first enunciated by a Greek physician named Asclepiades (124 B. C.) also styled as the "Hippocrates of chronic disease." His motto was "*cito, tuto, et jucunde*" i. e., disease should be treated speedily, safely and agreeably. This was his dream and the world had to wait for nearly two thousand years till Hahnemann succeeded in materialising his ideal.

The idea of permanent restoration of health and not mere temporary abeyance of diseased condition or subsequent appearance of the unhealthy state in newly altered forms, in case of an ideal cure finds its parallel in the "Charaka-Samhita" thus :

That method of treatment which annihilates an existing disease-syndrome but gives rise to another new set of symptoms is not the method for an ideal cure ; whereas that method which removes a symptom-complex without exciting any other in its stead, is the ideal one.

(Sutrasthanam, Charaka-Samhita)

### SEC. 3—5.

The knowledge—the acquisition of which is indispensable for a true practitioner, of the healing art—for the physician who aspires to treat judiciously and rationally.

The ideas propounded in these sections comprise the core of teaching in Organon. To Hahnemann it is essential that a physician must be first and foremost, a therapist. Hahnemann was the first to point out that the healing art remained grossly defective because the physicians, upto his time, failed to discern what type of knowledge they should acquire for the purpose. It is a truism to say what he wrote in his article '*Medicine of Experience*' "the knowledge of diseases, the knowledge of remedies and the knowledge of their employment constitute the healing art." That is why, in these Sections he delineates the peculiarities or distinctiveness of the knowledge that a physician—primarily, a therapist—should possess :

### Knowledge of Disease.

Hitherto the physicians, in their attempt to study sick people abstracted disease-symptom-complexes from patients and generalised and classified them as a botanist or a zoologist does with their specimens. Through this they fell into a gross error of thinking diseases as concrete entitative realities having an existence apart from patients. The naming of different types of disease-conditions is, at best, a very convenient and necessary fiction. The naturalists, in their classifications, start with the Kingdom, Sub-Kingdom, Class, Sub-Class, Division, Order, Section, Genus, Species and stop short with the variety. The physicians, imitated them and followed the same procedure in framing up the "Nosological Table" of diseases. So the physicians like the naturalists ignored the individuals which are unique and unclassifiable. Unlike the naturalists the physicians have to deal with individuals. Hence the classified descriptions of diseases give us a general description

to the exclusion of individual peculiarities ; and the text-book descriptions of diseases fail to correspond with the concrete factual realities. A concrete individual is made up of general plus particular qualities peculiar to the individual. Similarly a description of an individual sick-man is complete when we note the general symptoms (which are common to a group of patients) plus the peculiar or unclassifiable symptoms which lend individuality to the patient. When a patient is treated for a particular name of the disease he is suffering from, the individual factor is ignored and a specific remedy for the disease is sought to be discovered and applied to each and every individual patient supposed to be suffering from the same kind of disease. Whereas disease never exists by itself ; what exists is an individual diseased person. Overlooking of the "person" factor is the root cause of failure in successful treatment. "Of course" writes Alexis Carell "the physicians might use the expedient of indiscriminately applying their scientific knowledge to each patient, as for instance, a salesman trying to fit the same ready-made coat to the people of different sizes. But they do not really fulfil their duty unless they discover the specific peculiarities of each patient. Their success depends not only on their knowledge, but also on their ability to grasp the characteristics which make each human being an individual." Hahnemann anticipated the most modern idea about the role of a physician, "who is set a task very different from that of a man of science," Physicians have to deal with both concrete reality and scientific abstractions. "They are asked to realise the impossible feat of building up a science of the particular."

Hahnemann sides with the nominalists who regard the 'Universals' and disease as creations of our mind and the patient as the only reality. Scientific medicine upholds the reality of the Universals. It decries the nominalists. In fact, a physician has got to be both a realist as well as a nominalist. He must study the individual and the disease. Thus Hahnemann's first postulate is that a physician should "clearly perceive what is to be cured in diseases, that is to say *in every individual case of disease.*" Such an individualistic approach to the study of disease is what Hahnemann advocates. This new approach gives a new turn to the study of medicine whose scope and subject-matter is the study of Man.

Hahnemann uses the word "perceive" and this has a special significance. Reason deals with conceptions which are analytic and abstractions from the concrete whole. Reason grasps the existence and make it intelligible to us only when it is taken up by bits. The

thing, as a whole, always eludes our reason and intelligence. But as a physician we have to deal with man as a whole—who can be perceived but never defined or analysed. Perception is only possible of the concrete whole man. Perception feels no difficulty in mixing up general with particular qualities, though reason or conception finds it difficult or impossible. Hahnemann wants to base observation on perception so that nothing which can not be classified or docketed in the realm of Universals is missed.

Hahnemann puts here the question : what is to be cured in diseases ? He, himself supplies the answer in his memorable article "*The Spirit of Homœopathic Doctornē*" thus : "Since diseases as dynamic derangements of the vital character, express themselves solely by alterations of sensations and functions of our organism, that is, solely by an aggregate of perceptible symptoms, this alone can be the object of treatment in every case of disease." The supposed cause or causes, or the internal visible or invisible structural changes (which go by the name of pathological changes), or a nosological label of the diseased condition the man is suffering from—do not comprise the object of treatment. Disease is a condition of suffering of the living organism ; suffering is manifested in and through a sum total of perceptible symptoms. To heal is to remove the suffering state and to restore the previous healthy state of the organism. In other words disease is an altered state of the organism and cure is nothing but the alteration of the altered state of health to its previous state of ease and comfort. This diseased condition is perceptible through clinical symptoms. The clinical aspect of diseases constitutes the living or dynamic pathology and that is what is to be removed completely and permanently. Diseases might have a number of other aspects, the knowledge of which is necessary for other purposes ; but that which is necessary from treatment point of view is the complete knowledge of the clinical aspect of the individual case of disease. Thus the knowledge about the individualisation of patients and that about the clinical aspect of diseases are the two necessary criteria of the physician's knowledge regarding disease. Physiology and pathology might give us the scientific knowledge about diseases but they are never co-extensive with the whole sick-man ; and it is the sick man, as a whole, who is the object of treatment and it is the totality of perceptible symptoms which is to be cured in diseases. Hippocrates, Paracelsus and Sydenham might have hit upon these ideas but none of them before Hahnemann elaborated these ideas or made a

comprehensive and systematic application of them in the art of treatment. But this view-point of diseases makes Homœopathy so simple to understand yet so difficult to practise.

Sec. 5 is to be read in connection with this clause. Besides individualising a diseased person from a clinical point of view a physician should also possess the knowledge of how to distinguish an acute disease from a chronic one, especially with regard to the most probable exciting cause of the former and the fundamental cause (to be inferred from the most significant points in the whole history of the chronic disease) of the latter. This Sec. 5 was introduced in the 4th edition of Organon and it is to be read along with Sec. 72 of that edition. The full significance and implications of these will be discussed later when we come to annotation of Sec. 72.

The last sentence of Sec. 5 implies a distinctive approach to the study of disease-conditions. The orthodox school attempts to study the disease 'that the patient has'; whereas the Homœopathic school attempts to study 'the patient that has the disease.' Diagnosis of the disease *i.e.*, disease determination is the aim of the former school: whereas disease individualisation and diagnosis of the person are the extra two-fold aims of the latter school. Thus constitutional diagnosis (including actual constitutional diagnosis, developmental constitutional diagnosis and environmental constitutional diagnosis) looms large in the homœopathic system of treatment. An illustration will make the point clear. One man is suffering from cough, fever, pain in the chest etc. We have to diagnose the disease first—*i. e.*, whether it is a case of bronchitis, pneumonia, broncho-pneumonia, influenza or tuberculosis etc. This is disease determination or diagnosis. Next we have to find out the individualising features of a particular disease, *e. g.* the patient is suffering from acute lobar pneumonia, for homœopathic treatment we have to find out in what ways this particular pneumonia patient differs from other pneumonia patients. This is what is called disease individualisation. Suppose the patient gives history of recurrent attacks of acute lobar pneumonia. Here we have to determine the type of the person who is getting these recurrent attacks—*i. e.*, what are the constitutional peculiarities of the person, independently of his actual disease. This is what is known as "diagnosis of person" which is the distinctive work of the homœopathic school. So Hahnemann wants to take into consideration "the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual

character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions etc."

It is also to be noted that Sec. 5 appears for the first time in the 4th edition of *Organon* (1829). It was about that time Hahnemann propounded his dynamisation theory of drugs and that of the theory and nature of cure in chronic diseases and discovered chronic miasms.

### **Knowledge of Medicine and Medicinal Powers.**

Hahnemann was the first to point out the fact—which is so obvious but which was so long overlooked—that drugs do not merely produce stray or unconnected symptoms but produce diseased-conditions just as natural causes make the healthy man sick. As human beings vary from individual to individual, as they react to the same noxious agents with their individual variations, so drugs, as individual entities, evoke distinctive individual reactions in each living organism : and the sum-total of these reactions are what constitute the dynamic actions of drugs on living beings. These reactions in the human organism may be studied from various standpoints but it is the clinical standpoint which is the most suited to our purpose of curing the sick. Like the knowledge of the clinical aspects of diseases that of the clinical aspect of drug actions or reactions is necessary for the physician-therapist. The knowledge of clinical aspect of diseases or drug-actions is based on actual observation and not on speculation. Thus the study of diseases and drug-actions from the clinical standpoint lifts Medicine from the realm of speculation to that of experience. As we individualise patients so we individualise drugs. We need knowledge of medicinal powers but that knowledge need not be derived indirectly through physiology and pathology constituting the science of pharmaco-dynamics. In order to study the action of a drug as a whole we have got to fall back on its clinical aspect which is alone co-extensive with the disease artificially produced by drugs.

Drugs produce symptom-complexes and they effect cure by removing the symptom-complexes in a sick man. What is curative in medicine ? Hahnemann himself supplies the answer : These active substances and powers (medicines) which we have at our service, effect the cure of diseases by means of the same dynamic power of altering the actual state of health, by means of the same power of deranging the vital character of our organism in respect of its sensations and functions, by which they are able to affect also the healthy individual, to produce in him dynamic

changes and certain morbid symptoms, the knowledge of which, as we shall see, affords us the most trustworthy information concerning the morbid states that can be most certainly cured by each particular medicine. Hence nothing in the world can accomplish a cure, no substance, no power can effect a change in the human organism of such a character as that the disease shall yield to it, except a force capable of absolutely (dynamically) deranging the human health, consequently also of morbidly altering its healthy state—consequently no substance, for example, that is purely nutritious.” It follows then that it must be the same power of the medicine that cures the disease in the sick as produces the morbid symptoms in the healthy.” Hence also we shall find that the curative power of medicines and what each of them is able to effect in diseases, expresses itself in no other mode in the world so surely and palpably, and cannot be ascertained by us in any purer and more perfect manner than by the morbid phenomena and symptoms (the kinds of artificial diseases) which the medicines develop in healthy individuals. In short the sick-making properties of a drug are the sick-curing properties. The knowledge of the totality of the clinical symptoms produced by a drug on a healthy organism will point, beforehand, the clinical symptoms (symptoms of a patient) which the drug will remove completely and permanently in a sick individual. Thus Homœopathy brings the study of natural diseases (caused by known or unknown causes) and artificial diseases (produced by administration of drugs on the healthy individual) to the same level in order to find easily the law of curative relationship between diseases and drugs.

So the study of drugs from an individualistic and clinical point of view is another essential item of a physician-therapeutist's knowledge. Any amount of study of chemistry and physics of a drug will never supply us with an accurate knowledge of the sum-total of deviations from the normal state of health, which a drug can effect.

### **Knowledge of the Therapeutic Relation between Diseases and Drugs.**

Diseases are cured by administration of drugs. Unless a law of cure is discovered, that is, a general law of inter-relation between diseases and drugs is discovered and established scientifically through observation, generalisation, induction and experimental verification the art of cure cannot be practised with certainty, uniformity and prevision. It is just the failure to discover such a law of therapeutics that handicapped the art of healing and made it so absurd and fanciful in a thousand



and one ways. The so-called modern scientific medicine still refuses to recognise the need of such a law ; and that is why the therapeutic branch of their system is such a weak point.

Homœopathy has discovered such a law, "For once" writes Hahnemann "we have before us records of the peculiar (artificial) morbid symptoms produced by various medicines on healthy individuals, we only require a series of pure trials to decide what medicinal symptoms will always rapidly and permanently cure and remove certain symptoms of disease, in order to know, in every case beforehand, which of all the different medicines, known and thoroughly listed as to their peculiar symptoms, must be the most certain remedy in every case of disease." And he succeeded in discovering the Law "*Similia Similibus Curentur*" i.e. Let likes be treated by likes.

### **Knowledge about the Choice of the Remedy,—its Exact Mode of Preparation and Proper Dose.**

The 'Law of Similars' in the therapeutic field was not originally discovered by Hahnemann. It was known to Hippocrates as is evident from his writing : The disease is produced by influences which act similar to the healing process and the disease condition is removed through remedies which produce similar symptoms to the disease." This statement is one of the earliest recorded statement of the principle of similars. The ancient Ayurvedic system of India records also that there are two-fold methods of treatment namely "*Vipareetha Chikitsa*" (Treatment by contraries) and "*Tadarthakari Chikitsa*" (Treatment by Similars.) But this 'homœopathic method' of treatment did not develop either in the East or in the West because nowhere was discovered the suitable method of preparation of remedies and technique of their applications in the diseased conditions before the advent of Hahnemann. So knowledge regarding this factor is also an essential requirement for a true practitioner of the healing art.

### **Knowledge of Obstacles to the Recovery in Each Case and How to Remove Them.**

A living organism has an inherent power to adjust itself to inner conditions and outer environment, but within certain limits. In the event of certain limits being exceeded, the deviation of it from the normal state of health may be adjusted and restored to its previous healthy

condition by suitable dietetic and hygienic measures. In the event of disease proper, the deviation from the healthy state of the organism is too far gone to be adjusted by the aforesaid measures. Now comes the time and occasion to apply some stimulus in the form of a specific drug energy to restore the sick to health. But the condition precedent to successful application of the needed drug stimulus is the knowledge of dietetic, hygienic and of any other factor which serves as an exciting and/or maintaining cause of the deranged state of health. This implies knowledge of physiology, hygiene, pathology, bacteriology etc. The knowledge of pathology (*i.e.*, study of structural changes in the living organism) becomes essential from another point of view. Disease "*pe se*" is the morbid process of functioning of the life-principle ; if this process is unchecked, it eventually leads to structural changes. These structural changes might be of two types *viz*, reversible and irreversible ; they are the end-results of morbid vital process and act as obstacles to restoration of the abnormal vital process to its previously healthy condition. The more the pathological changes are of severe degree and of irreversible type the less the chances are for recovery. The dose and potency of the drug to be applied homœopathically to a patient must also depend on the nature and extent of the pathological damage of the tissues and organs. Hence the pathological state of the patient is certainly one of the factors impeding recovery and its knowledge is therefore essential for a physician-therapeutist.

### **Knowledge of Hygiene or Health-preservation.**

Prevention is better than cure—is a truism. When a man actually falls ill the therapeutist takes into consideration a complete account of the totality of symptoms which constitute, for his purpose, the disease. For "a thing or a state requires a proximate cause *only in order to be produced* ; but once it is there it needs no longer *for its existence* an exciting, a first or a proximate cause. Thus, then, the disease, once it is produced, continues independently of its proximate producing cause, and needs the latter no longer for its maintenance. How then can its removal be held to be essential to the cure of disease?" But it is certainly, otherwise, in case of prevention of disease. So Hahnemann writes that a physician, not as a therapeutist but as a preserver of health must know the things that derange health and cause disease and how to remove them from persons in health. Thus it is evident that Hahnemann, nowhere, said that a complete physician should only be

busy with his *Materia Medica* and selection of drugs during the management of a patient. His point is that a therapist must follow the Law of Cure, and be conversant with the positive effects of drugs on healthy human beings and must be adept in regulating the dose and potency of drugs prepared according to his instructions. A therapist must possess a knowledge of the *Materia Medica Pura*, the Homœopathic Pharmacy and the principles outlined in *Organon*.

## SEC. 6.

### **A True Practitioner of the Healing Art should be an Unprejudiced Observer.**

All knowledge is based on experience, through our senses or otherwise. What we are concerned with here is scientific knowledge which takes its data from the reports of the five senses with which we are born. It belongs to the category of the empirical. The aim of science is to discover the secrets of nature. Her process is hidden and it is only her phenomena that are perceptible to our senses. Nature knows no discontinuity and presents a complex mosaic of events. It is we that select a particular group of events for the discovery of inner laws that seem to govern and underline those groups of phenomena and make a scientific study of them. For this we observe and experiment. Observation is regulated perception of events under conditions presented by Nature. It is perception with a definite purpose. Observation is finding a fact. But if we want to be true seekers of truth we must develop strict 'intellectual morality' of recording all facts that come to our notice, instead of reading into things our preconceived notions. Our observation is apt to be vitiated by two factors, *viz*, non-observation and malobservation. We undertake observation because we have some purpose in view. It may happen that we have some favourite theory and we observe those facts only which go to support that theory. We may have such an unconscious bias, that facts which do not support our theory are overlooked and escape observation. This is an instance of Non-observation. On the other hand Mal-observation is the fallacy arising out of the wrong interpretation of sense-perception. Non-observation is a negative fallacy, because in it we do not observe something; Mal-observation is a positive fallacy, because, in it, we observe a thing wrongly. Most of the observations are vitiated by mixing observations with unwarranted assumptions and inferences. So an

observer must be free from all bias, preconceived notions and be ready to accept facts and truths induced from them even if these truths be radically opposite to those popularly held.

Hahnemann holds fast to observation of phenomena, which if correctly and completely recorded, minimises the chances of error. Diseases produce many kinds of changes in the organism—subtle and gross, visible and invisible. The changes of which we may acquire correct knowledge, are only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. They are the bases of the Medicine of experience. For a physician therapist the disease consists of the totality of its perceptible symptoms comprising altered sensations and functions.

## SEC. 7 and 8

### **The General Principles Involved in the Cure of Diseases.**

Here Hahnemann makes a two-fold classification of diseases according as one group is associated with manifest exciting or maintaining cause (*causa occasionalis*) and the other group not associated with such perceptible causative factors. With regard to the former group of diseases Hahnemann writes in the foot-note attached to this section : "It is not necessary to say that every intelligent physician would first remove this where it exists. He will remove from the room strong-smelling flowers, which have a tendency to cause syncope and hysterical sufferings ; extract from the cornea the foreign body that excites inflammation of the eye etc. etc. (vide foot-note 3 pp. 95, Organon 6th Edition).

With regard to the second group of diseases where no manifest exciting or maintaining cause has to be removed the totality of the perceptible symptoms is the object of treatment. Hahnemann's "Medicine of Experience" enjoins the physician neither to overlook the facts which are before his very eyes and nor to run after imaginary, and imperceptible causes supposed to be exciting in the hidden interior of the organism. He also brings in here the novel idea of the role played by the 'miasms' in the causation and maintenance of diseases. Wherever such miasms exist, they must be removed, but for their removal Hahnemann suggests a novel way, hitherto, unknown before him (which will be discussed later).

Herein is involved a fundamental logical principle. Regarding the phenomena of causality Logic teaches us that for an effect there may be two-fold causes *viz.* material cause and efficient cause. As for example, earth is the material cause of the pot while the potter is the efficient cause of that. Similarly in illness the vital part of the organism is the material cause and many physical, chemical, biological and psychological factors may be the efficient causes. Removal or cure of disease means primarily the alteration of the material cause (*i.e.* the altered life principle) but removal of the efficient cause becomes necessary where the latter is not only the exciting but also the maintaining factors for diseases. This is common sense. But the fact remains that in many cases the exciting or maintaining causes cannot be ascertained. What are we to do then? Instead of trying to ascertain those uncertain factors, we stick to the phenomena of the material cause which are always correctly perceptible to us through altered sensations and functions. Hahnemann, thus, at a stroke, does away with speculations in the field of cure.

From time immemorial diseases are associated with symptoms. But Hahnemann introduces an original idea—"the totality of symptoms." According to him man is an indivisible organic whole. When he falls sick he becomes so as a whole; and we have to study his symptoms as a whole and we have to remove his disease as a whole. What the physicians prior to Hahnemann were doing so long? "In all times, the old school physicians, not knowing how else to give relief, have sought to combat and if possible to suppress by medicines, here and there, a *single* symptom from among a number in diseases—a one-sided procedure, which under the name of *symptomatic treatment* has, justly, excited universal contempt, because, by it, not only was nothing gained, but much harm was inflicted. A single one of the symptoms present is no more the disease itself than a single foot is the man himself." (*Vide* foot-note 4, to Sec. 7, pp. 96 Organon, 6th Edition). That is why Hahnemann writes that it is the totality of symptoms—and not a few symptoms, however prominent or painful they might be—which must be noted by the physician as the object of his treatment. The totality of symptoms may be regarded as the outwardly reflected image of the internal essence of the disease, *i.e.*, of the affection of the vital force. The image is not the same thing as the original substance of which it is the image but neither can it exist without the co-~~of~~ of the original. So there is no cogency in the argument

put forward by Hufeland in his statement "Homœopathy can remove the symptoms, but the disease remains."

So Hahnemann contends that if the totality of symptoms (material cause) and the entire collection of efficient causes (exciting and maintaining causes) are removed completely and permanently there should not or could not remain anything else besides health or that the morbid alteration in the interior of the organism could remain as it was.

With regard to Sec. 8 Dr. Philip Rice, M. D., F. A. C. S., in his article "The Cause and Cure of Homœopathic Ills" (published in issue of the Journal of American Institute of Homœopathy) drew attention to a mistranslation of a German word used by Hahnemann in his original text. He writes: In the fourth line (Dudgeon's translation) the word phenomena is used; and this is used in every other translation we have. Had Hahnemann meant "phenomena" he would have used the word "*erscheinungen*," meaning phenomena. He used instead the word "*Zufälle*," meaning causal events. Read the section but put the words causal events in place of phenomena, and see what a different meaning is given to the content of the section. Then try and conceive what a different trend the whole movement would have taken had the full implications of these words been grasped. But they were not grasped; indeed they were entirely disregarded, and another word, by no means wholly synonymous, was put in their place. While symptoms of disease are phenomena, phenomena comprehend a vast number of things that are not symptoms of disease. Causes and events preceding and bringing out effects cannot be the same as the effects. And it was undoubtedly these that Hahnemann had in mind when he used the word "*Zufälle*," meaning causal events. In the mistranslation of this word in Sec. 8, in my opinion, an error was committed as great as it has proved fatal to the cause, great because it led the mind of all who became interested in the new movement in medicine away from fundamentals and fix them upon incidentals, led them away from root causes and centered them upon results."

We feel inclined to agree with Dr. Rice's remarks even though we do not claim any knowledge of the German language. If we critically read Dudgeon's translation of Organon we find Hahnemann writing of "all the symptoms of the diseases; and symptoms cannot but be the perceptible phenomena. It is a sheer tautology to write about removal of all the symptoms of disease (*i.e.*, all the perceptible phenomena) and also about "the entire collection of the *perceptible phenomena*. It fits in

with our ideas of material and efficient causes if we substitute the word 'phenomena' by "causal events." Hahnemann never wanted to discard the knowledge of 'efficient causes' (more so when they happen to be maintaining causes) though his method of eradicating them from the living human organism differs from that taken recourse to by the orthodox school, especially after the discovery and development of the science of Bacteriology.

Hahnemann's method of selecting a drug (for a patient) which will be curative to him on the basis of symptom—similarly has lifted therapeutics to an independent status, having a life of its own though it assimilates any nutrition derived from auxiliary sciences. Diagnosis of diseases (in the sense the orthodox school uses the term) and anatomico-pathological knowledge of diseases are not indispensable for treating a patient homœopathically. Hahnemann considers the totality of symptoms as the living or dynamic pathology of a patient. If all the symptoms be eradicated, the disease is also cured internally. But this was and is still denied by the so-called modern scientific medicine.

Now Hahnemann comes to the central theme round which revolve all the thoughts concerning medical science and art. What is the subject matter of Medicine? Certainly the man—the living, whole man. Man is common with plants and animals in so far as he living. But the differentiating feature is that he is primarily a self-conscious mental being. But he is none-the-less an embodied being and his mind works in and through the body. What is the nature of this embodied being? He is a living entity. This brings us to the question of life and its nature and its relation with body and mind. This question of life is discussed in the succeeding aphorisms.

## SEC. 9 and 10.

### **The Ccneption of Life and Organism.**

We do not observe life but only living beings. We can study the properties of a living organism and can, at best, differentiate them from those of non-living entities. Speculation about the essential nature of life belongs to the domain of metaphysics; whereas observation and systematisation of knowledge regarding the perceptible phenomena of life come under the field of science. We should not confuse science of life with metaphysics of life. And Hahnemann contends that as practical

physicians we are more concerned with the scientific aspect of life ; and that this confusion of catagories is the cause of failure in the art of the treatment. The chief source of complexity and difficulty in observing life-phenomena are due to the fact that life, though imperceptible to our senses as life, always expresses itself through a material body. The result is that physico-chemical phenomena are inseparably mixed up with the vital phenomena. This does not mean that the former is the cause of the latter or *vice versa*. All that it means is that both sets of phenomena exist together. The concept of concomitance is more applicable here than that of causality. As for example, a condition of acidosis is found along with a delirious or comatose condition of the patient. But we should not conclude from this fact that acidosis is the cause of coma or *vice versa*. All that we are justified to infer from our observation is that acidotic condition may be co-existent with coma. The modern trend of physical science is also for eschewing the notion of causality for that of co-existence of events which is known as the theory of concomitance as talked about in homœopathic parlance.

Another legitimate inference from our observations is that there are some fundamental verities in the universe, which cannot but be explained in their own terms. *e.g.* Sweetness : This is a sensation which can neither be defined nor explained or communicated to any third person. A man who has tasted sugar, knows what sweetness is. Similarly one who has observed a living being, knows what life is—though he can neither define, analyse and communicate (except in its own terms) the idea of its essentiality to any other person.

In the introductory chapters we have discussed about life, organism and mechanism. What Hahnemann observed in living human beings has also been very beautifully expressed by Rabindranath Tagore thus : In life a multitude of cells have been brought together under a larger unit, not through aggregation but through a marvellous quality of complex self-adjusting interrelationship thus maintaining a perfect co-ordination of functions". This holistic conception of organism has been fully discussed in the introductory chapters to which the readers are referred back.

Hahnemann observes one fundamental difference between a living and a non-living body. The living body is endowed with sensations and functions and power of self-preservation (within certain limits) and reproduction.

In the healthy condition of man, he is in a state of ease or comfort with regard to the sensations felt by him and the functions carried out by



his body. His heart beats, lungs expand and contract, intestines carry on a peristaltic movement etc.—But a healthy man neither feels the existence of his organs nor the functions carried out by them. All the different organs, tissues and parts of him work in such a way that he remains unconscious of his body and carries on consciously the workings of the mind. As soon as he feels the existence of an organ or its workings in some way his condition of bodily ease is disturbed and he commences to suffer through altered sensations and functions. He becomes diseased. A man wants to get rid of his sufferings and he seeks the help of a physician. Suffering is certainly a qualitative state of the human organism ; so disease is nothing but the altered state of the organism. Disease by itself, has no separate objective existence, which needs physical removal from the human body. There are no diseases but only diseased individuals. The individual's state of health can be changed or modified either way. "Diseases are nothing more than alterations in the state of health of the healthy individual which express themselves by morbid signs and the cure is also only possible by a change to the healthy condition of the state of health of the diseased individual," (*Vide* Sec. 10)

There is no difficulty in accepting the above premises. The difficulty crops up in accepting the concept of a Life-principle or the Force of a Life-principle. The individual is nothing but a mentalised living material entity. The objective existence of material body is easily accepted because its existence is perceptible to our senses. But it is otherwise with life and mind. They are imperceptible even though they might have entitative existence ; and their order of existence must be different from that of material existence. Physical science does not admit the reality of anything which is not in any way perceptible to senses. But the functions of an organism cannot be explained by the laws of matter and motion. The matter entering into the composition of an organism is different from the so-called dead, inert matter because of the fact that the latter seems to obey a set of laws which the former does not. Modern science has also found that bio-chemical and bio-physical laws and phenomena are something different from ordinary chemico-physical laws and phenomena obtained in the material Universe. Here human thought has taken two different turns and led to development of two schools of thought. The one that does not accept the existence of anything which is not sense-perceptible is known as the materialistic school ; whereas the other which accepts the objective existence of life is designated as the vitalistic school of thought. During Hahnemann's time the medical men were divided

into two camps according as they held the one or the other view. But none could satisfactorily explain the body-life-mind puzzle *i.e.*, none could explain how those three orders of existence came to be integrated into the organismic whole. At first Hahnemann kept himself clear of the dogmatic views of either school ; and up to the publication of the fourth edition of *Organon* (1829) he talked of "organism, body, state of health" etc. "It is only in the fifth edition of *Organon* (1833) we find that those terms had been replaced by "vital force"; and in the sixth edition (which he completed by 1842 but published posthumously) he clearly accepted the objective existence of Life-principle which term he used throughout, preferably to vital force as in former editions. But it is evident from Sec. 15 that Hahnemann was alive to the difficulty of explaining the body-life complex, and he writes thus : "The organism is indeed the material instrument of the life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating dynamis, just as the vital force is not conceivable without the organism, consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct conceptions for the sake of easy comprehension." Hahnemann knew that the metaphysical discussions regarding the nature and functioning of life, mind and body would only lead to confusions worse confounded. What he contended for is the fact that the material body, in the living state, is under the domination of the life-principle which endows the body with sensations and functions ; and that the alterations and functions of the body, causing a man to suffer are due to alteration of the functioning of the vital force of the Life-principle. As health is associated with the normal structure and functions of the body so disease is associated with the altered structure and functions of the body. Hahnemann did not commit the mistake made by the European materialists in supposing the basis to be everything and confusing it with the source. The source of life and energy is not material but the basis, the foundation on which life and energy stand and work is physical. Similarly the source of disease is not material but the basis, the foundation on which morbid life and energy (which is disease *per se*) stand and work is physical.

Hahnemann uses the word 'spiritual' to qualify the phrase 'vital force' meaning thereby that the vital force is not perceptible to our senses and is therefore immaterial as opposed to sense-perceptible matter. Hahnemann applies the word "dynamis" to the life principle as he considers it a substantial, entitative power. Force always implies the existence of

something to which it belongs to. When Hahnemann talked of vital force he did not mean a special kind of force of the material body but the force of the Life-principle—and this he wrote in unequivocal terms in the sixth edition of *Organon*. He refers all the phenomena of health and disease to the Life-principle which by its force works in and through the material body. The vital force is an abstract term while the Life-principle is the concrete term.

It is to be noted that in Sec. 10 (Dudgeon's translation, *Organon* 5th edition) after the phrase "immaterial being" the phrase vital force is put within brackets; whereas in Boericke's translation of the 6th edition we find the bracketed phrase substituted by the phrase, 'vital principle'. And we think Dudgeon should have used the word 'principle' as it refers to the "immaterial being". Stuart Close aptly remarks that "strictly speaking we do not act upon the life force, but upon life itself, the real, substantial, objective, although intangible substance from which the living organism is evolved, of which it is composed and from which the life force proceeds (*Genius of Homœopathy* pp. 32).

## SEC. 11 to 19,

### **Conception of Health, Disease and Cure.**

What happens when a man falls ill? Hahnemann contends that the source of health and disease is not material but spiritual *i. e.* immaterial life-principle, which is integrated with body and mind in the human organism. Health and disease are but different states of the organism. A condition of ease or health and that of disease or suffering are qualitative states. As life endows the body with sensations and functions (the sum total of which determines the qualitative state of the organism) the alteration of sensations and functions in diseases, implies the qualitative change of the Life-principle. Now what can bring about the qualitative change of the Life-principle? Any agent which by virtue of some inherent quality can affect the qualitative Life-principle in such a way as to produce disagreeable sensations and functions, may be termed as a "morbific agent inimical to life." Here the action and reaction between the morbid agent and Life-principle take place in the qualitative plane and not in the material plane. A morbid agent is a concrete reality and quality is an abstraction. But as in this universe no quality can exist by itself other than being embodied in some substance, chemico-physical, biological or psychological, the concrete agent of any description

merely serves as a vehicle for a particular quality or qualitative force. When that morbid concrete agent comes into contact with the concrete organismal body the actions and reactions between them, concerned in the production of disease imply processes whereby one substance is acted on by another substance without communication or actual interchange of the material parts of the substances concerned. The quality possessed by one acts on the quality inherent in the other and leads to some changed qualitative condition of the organism. This qualitative process of interaction or intercommunication is described by Hahnemann as the dynamic action as opposed to quantitative or mechanical or chemico-physical action. Biologically this qualitative process is also known as "infection." Both the natural morbid agents and drugs produce diseased condition in an organism ; and they can be said to alter, through a kind of infection, the well-being of a man.

Hahnemann distinguished the dynamic action from purely mechanical or chemico-physical actions by quoting some illustration from physical phenomena. *e. g.* a magnet induces magnetic property to a soft iron piece placed before it. How ? Not by interchange of molecules contained in the magnet and the soft-iron piece but by transmitting some imperceptible energy and changing the property of the soft-iron piece in a particular way (namely magnetically) but without affecting other properties of the latter. Similarly when drug produces alterations in the sensations and functions of the organism it does so by transmitting its special quality to act on the qualitative aspect of the Life-force. The drug remains a drug and the organism remains the same organism but the qualitative interchange takes place and the organism is changed qualitatively in a peculiar manner pertaining to the specific quality of the drug. Same thing happens when disease is produced by a natural morbid agent. Thus disease is not a separate objective entity lying hidden in the interior of the organism—as was so forcibly preached by Paracelsus. It is merely a changed qualitative state of the organism. Nothing can be taken out or nothing can be added to in the cure of diseases but only the state of health of the individual is to be changed. There is no 'materia peccans' for diseases. Disease is produced qualitatively, cure is effected qualitatively and the process by which these are brought about is called by the name of the 'dynamic process' ; drugs and natural morbid agents produce alteration in the state of health of the individual by virtue of their specific qualitative forces and the process is called 'infection'.

In support of this idea Hahnemann argues that when a man falls ill the first noticeable change in him consist of altered sensations and functions indicating affection of the qualitative vital force of the Life-principle. If this morbid process is not checked by any means it leads eventually to changes in the structure of the bodily organs and secretions and excretions thereof, both qualitatively and quantitatively. Hence, according to Hahnemann, the perceptible pathological changes in the body are neither the exciting or maintaining causes of disease but they are the end-results of the morbid vital process which is disease "per se". The disease process is manifested primarily by "dynamic derangements of the vital character, expressing themselves solely by alterations of the sensations and functions of our organism. So any thing which affects the Life-principle morbidly must do so qualitatively; and the medicine which cures diseases also does the same qualitatively. The knowledge regarding this specific quality inherent in medicine cannot be acquired through study of the chemico-physical properties of drugs. The only way by which we can gather the required knowledge is that of experimenting the drug on healthy individuals and recording the qualitative or dynamic changes (*i. e.*, the totality of perceptible symptoms) produced on them.

Hahnemann has beautifully elaborated this idea in his memorable article "The Spirit of Homœopathic doctrine" thus :

"The influence of morbidic noxæ, which for the most part excite from without the various maladies in us, is generally so invisible and so immaterial, that it is impossible that it can *immediately* either mechanically disturb or derange the component parts of our body in their form and substance, or infuse any pernicious acrid fluid into our blood vessels whereby the mass of our humours can be chemically altered and depraved—an inadmissible, quite unprobable, crass conception of mechanical minds. The exciting causes of disease rather act by means of their virtual quality on the state of our life (on our health) only in a dynamic, almost spiritual manner; and inasmuch as they first derange the organs of the higher rank and of the vital force, there occurs from this state of derangement, from this dynamic alteration of the living whole, an altered sensation (uneasiness, pains) and an altered activity (abnormal functions) of each individual organ and of all of them collectively, whereby there must also of necessity secondarily occur alteration of the juices in our vessels and excretion of abnormal matters,

the inevitable consequence of the altered vital character, which now differs from the healthy state".....Hence it is obvious that the diseases of human beings excited by the dynamic and virtual influence of morbid noxæ can be originally only dynamic derangements (caused almost solely by a spiritual process)".

Here a question may arise as to how the life-principle acts on the material body either in the healthy or in the diseased state of the individual. Hahnemann points out that it would be of no practical utility to the physician to know the details of the process and 'it would for ever remain concealed from him. What it is necessary for him to know of the disease and what is fully sufficient for enabling him to cure is the knowledge of the perceptible phenomena of diseases and drug-actions.

Life is invisible in itself and only cognisable by perceptible sensations and functions of the organism. Disease, which is nothing but altered life, makes itself known by the perceptible altered sensations and functions of those parts of the organism exposed to the senses of the observer and physician. This is pure empiricism and hence is the basis of 'Medicine of Experience'. The sum total of the purely dynamic derangements of the organism constitutes the beginning of natural diseases; and the totality of dynamic derangements in drug-proving constitutes the beginning of the artificial drug-diseases. Basing our analogy on the dictum 'similar beginnings must have similar endings' drugs are administered homœopathically to naturally diseased persons (who might exhibit a lot of pathology according to the old school notion) with the idea that if the morbid vital process can be changed to original normal vital process, the pathological changes in the organism would be restored to physiological, structural and functional states as associated with the healthy state of the individual. In other words, the healthy vital force keeps the organs, tissues and parts of the body in physiological state of working; whereas the altered vital force not only produces painful symptoms but leads to altered structures and altered secretions and excretions of the body. All we have to do in curing a sick individual is to change the morbid vital process to its original normal vital process, which, in turn, will change the altered tissues into normal tissues. The particular way in which the vital force is altered in a diseased individual is indicated by the totality of perceptible symptoms. Therefore the totality of symptoms (dynamic derangements of vital character) *i.e.* the living pathology and not the tissue-changes (the dead pathology) are to be taken into consideration in homœopathic treatment. This outlook is often

styled as the pure Hahnemannian Homœopathic viewpoint. And those who practice the art of healing from this standpoint are designated as Pure Hahnemannian Homœopaths.

We may summarise thus Hahnemann's ideas (in Hahnemann's own language) of disease, cure and curative power of drugs :

(1) Disease is not a thing separate from the living whole, from the organism and its animating vital force and hidden in the interior of the organism.

(2) Diseases are nothing more than alterations in the state of health of the healthy individual which express themselves by morbid symptoms.

(3) Cure is only possible by a change to the healthy condition of the state of health of the diseased individual.

(4) Medicines could never cure diseases if they did not possess the power of altering man's state of health which depends on sensations and functions ; or in other words, their curative power must be owing *solely* to this power they possess of altering man's state of health.

#### SEC. 20 and 21.

### What is Curative in Medicine ?

After discussing his conception of life, health, disease and cure Hahnemann proceeds to elucidate his second item of requisite knowables for a true practitioner of the healing art. This is the knowledge of drugs in respect of the disease-curing properties. Hahnemann points out for the first time that the pharmacological properties of a drug are not absolutely dependent on their physico-chemical properties *i.e.* the knowledge of pharmacological actions of a drug can not be specifically inferred from their material properties. It is a fact of observation that the state of health of a healthy individual is changed by administration of drugs and the state of altered health of a diseased individual is also changed by drugs. In the former case they lead to production of diseases (might be artificial); whereas in the latter case they lead to cure of the diseased individual. Thus we find that a drug is a drug by virtue of its power of changing the state of health—in contra-distinction to certain other things which when administered lead to nutrition of the organism and hence which are called articles of food. A state of health is expressed through perceptible phenomena comprising sensations and functions. A drug has the power of producing changes in the plane of sensations and functions. So the study of the pharmacological properties of drugs implies the study of

altered functions and sensations in the living organism, which, in our case, is the human organism. Hence the knowledge of pharmacological actions of drugs cannot be acquired by any means other than actually studying the totality of symptoms produced in healthy individuals after administration of drugs on them. Any '*a priori*' knowledge regarding this aspect of knowledge of drugs by preconceived ideas or inferences from their chemico-physical properties is impossible and inconclusive or misleading.

So Hahnemann urges that "we have only to rely on the morbid phenomena which the medicines produce in the healthy body, as the sole possible revelation of their in-dwelling curative power, in order to learn what disease-producing power, and at the same time what disease-curing power, each individual medicine possesses."

Here two things are to be noted. Hahnemann wants a living human being to be his subject for experiment with drugs and that human being should be healthy. Why?

### **The following are the Ways of Ascertaining the Actions of Drugs.**

#### **EMPIRICAL WAY.**

This is based on pure observation but observation not made properly according to rules of logic. Haphazard observation, accumulated past experience, tradition, etc. go to build up this source of empirical knowledge about drug-actions.

#### **RATIONAL WAY.**

##### **(a) Pseudo-rational way :**

It is exemplified by the adoption of the "Doctrine of Signature" *i.e.* inferring the action of drugs from their superficial physico-chemical properties. *E. g.* *Sanguinaria Canadensis* (Blood-root) contains red juice ; so it must be used as an anti-hæmorrhagic remedy, etc. It is based on most superficial observation and faulty inference and hasty generalisation.

##### **(b) Purely rational way :**

It is based on actually administering drugs on living beings and recording the changes produced by drugs on them. This is called the experimental method which includes—

(i) Experiments on lower animals and (ii) Experiments on human being whether sick or healthy.



There are relative advantages and disadvantages in each of this method.

### **Pros and Cons of Animal Proving.**

- Cons : (1) The effects of drugs on animals in many cases are different from those on human beings.  
(2) Subjective symptoms cannot be studied.
- Pros : (1) More violent effects of drugs can be studied.  
(2) The result of long-continued employment of drugs in doses sufficient to bring about structural changes without killing, can be studied.  
(3) Experiments on lower animals lend themselves to analysis and interpretation and post-mortem study of actual tissue-changes. *E. g.* action of drugs on nerves or blood-vessels can be determined and anatomico-pathological study becomes possible.

### **Pros and Cons of Experiments on Human beings.**

- Pros : (1) Subjective symptoms can be studied.
- Cons : (1) Pathological changes cannot be studied in full.  
(2) Pharmacological action of drugs cannot be studied analytically.  
(3) The result of long-continued administration of drugs in doses sufficient to induce fatal pathological tissue-changes cannot be studied. Of course these results are available to some extent in cases of poisoning with drugs either accidentally or wilfully to cause death.

Now the logical necessity of studying the action of drugs in healthy individuals lies in the fact that positive actions of drugs in the way of deviating the healthy men are obtained. Any attempt to study the actions of drugs on an already diseased person defeats its own purpose because the positive action of a drug is liable to be vitiated by the already existing diseased process in the organism.

Thus by a process of exclusion it is evident that the only way to study the pure and positive actions of drugs is by proving the drugs on healthy human beings and recording the full drug-proving. Hahnemann may be styled as the father of the Experimental Pharmacology.

## SEC. 22 to 25.

**Drugs Produce Artificial Diseases and the Best Method of Employment of Remedies for Curative Purposes.**

The proving of drugs on human beings has shown that the individual is affected as a whole by drugs just as individuals, as a whole, are affected by natural morbid agents; *i. e.* drugs produce diseases and not merely fragmentary or isolated symptoms. There is an underlying unity in the multitude of symptoms manifested in a natural disease—because of the affected organism being an indivisible whole; and such is the case in artificial diseases produced by drugs.

Natural diseases are cured by drugs. This fact implies that the natural diseases produced by natural morbid agents are made to face the artificial diseases which are capable of being produced by drugs. As disease implies the totality of perceptible symptoms—this symptom-totality is matched against the symptom-totality which a drug is potentially capable of producing in a healthy individual.

In cases of cure we have to ascertain what should be the relation between disease-symptoms and drug-symptoms in their totality. Or, in other words we have to determine what artificial diseases (observed to be produced by medicines) can be beneficially employed against certain natural morbid states. Obviously there are three ways of employment of medicines. We have to find out "whether the change to health (cure) may be expected to ensue most certainly and in the most permanent manner :

(1) By the use of such medicines as are capable of producing in the healthy body a *different* (alloëopathic) affection from that exhibited by the disease to be cured ;

(2) Or, by the employment of such as are capable of exciting in the healthy individual an *opposite* (enantipathic, antipathic) state to that of the case to be cured ;

(3) Or, by the administration of such medicines as can cause a similar (homœopathic) state to the natural disease before us." (Hahnemann, 'The spirit of Homœopathic doctrine'.)

Reason and experience point out the third method (mentioned above) of employment of drugs on a basis of symptom-similarity as the best curative method of the three. Hahnemann discussed the relative merits and demerits of each method. We give here a brief resumé of those discussions, which is as follows :

### The Heteropathic or Allopathic Method of Drug Employment.

This is a method, in which medicines are given, whose symptoms have no direct pathological relation to the morbid state, neither similar nor opposite, but quite heterogenous to the symptoms of the disease. This method is based on assumption of causes of diseased conditions—which might be or might not be true. *E. g.* a man with fever is treated with the idea that evacuation of bowels will lead to elimination of toxic substances which are causatively associated with the production of febrile condition. Here we have too many unwarranted assumptions. Very often these assumptions are erroneous and the desired result (*viz.* cure) is not obtained. Further the medicines “which act allopathically, which tend to develop in the healthy subject different symptoms from those presented by the disease to be cured, from the very nature of the things can never be suitable and efficacious in this case, but they must act awry, otherwise all diseases must necessarily be cured in a rapid, certain and permanent manner by all medicines, however they may differ. Now as every medicine possesses an action different from every other, and as, according to eternal natural laws, every disease causes a derangement of the human health different from that caused by all other diseases this proposition contains an innate contradiction (*contradictionem in adjecto*), and is self-demonstrative of the impossibility of a good result, since every given change can only be effected by an adequate cause, but not per “*quamlibet-causam*”. And daily experience also proves that the ordinary practice of prescribing complex recipes containing a variety of unknown medicines in diseases, does indeed do many things, but very rarely cures”.

So this method of cure by means of remedies which act upon some other part of the body than the diseased organ, system or part, whereby the healthy tissues are converted into sites of disease with the view of driving disease from the parts originally involved—is neither logical nor effective.

“The *second* mode of treating diseases by medicines is the employment of an agent capable of altering the existing derangement of the health (the disease, or most prominent morbid symptom) in an enantipathic, antipathic or contrary manner (the palliative employment of a medicine). Such an employment cannot effect a permanent cure of the disease, because the malady must soon afterwards recur, and that in an aggravated degree. The process that takes place is as follows :—According to a wonderful provision of nature, organised living beings are not regulated

by the laws of unorganised (dead) physical matter, they do not receive the influence of external agents, like the latter, in a passive manner ; they do not like the latter, yield themselves docilely to external impressions, but strive to set up the opposite of this effect. The living human body does indeed allow itself to be in the first instance changed by the action of physical forces ; but this change is not in it, as in inorganic substances permanent (—as it ought necessarily to be if the medicinal force acting in a *contrary manner* to the disease could produce a permanent effect, a durable benefit) ; on the contrary, the living human organism strives to develop by antagonism the exact opposite of the affection first produced in it from without—as for instance, a hand kept long enough in ice-cold water, after being withdrawn does not remain cold, nor merely assume the temperature of the surrounding atmosphere, as a stone (dead) ball would do or even resume the temperature of the rest of the body, no ! the colder the water of the bath was, and the longer it acted on the healthy skin of the hand, the more *inflamed* and hotter does the latter afterwards become.

"Therefore it cannot but happen that a medicine having an action opposite to the symptoms of the disease, will reverse the morbid symptoms for but a very short time, but must soon yield to the antagonism inherent in the living body, which produces an opposite state, that is to say, a state the direct contrary of that transient delusive state of the health effected by the palliative, and one corresponding to the original malady, which constitutes an actual addition to the now recurring, uneradicated, original affection, and is consequently an increased degree of the original disease. And thus the malady is always certainly aggravated, after the palliative—the medicine that acts in an opposite and enantiopathic manner—has exhausted its action.

"In chronic diseases—the true touch stone of a genuine healing art—the injurious character of the characteristically-acting (palliative) remedy often displays itself in a high degree, since from its repeated exhibition, in order that it should merely produce its delusive effect (a very transient semblance of health) it must be administered in larger doses, which are often productive of serious danger to life or of even actual death."

Some try to justify the antipathic method of drug employment on the ground that cure is only possible when physiological and pathological processes are counteracted. *E. g.* in a case of ascites—where there is accumulation of fluid in the peritoneal cavity—diuretic and purgative

drugs are administered to drain out the fluid accumulation through the kidneys and bowels. But this procedure is only analogous to the pumping of a leaking vessel rather than stopping the leak. The root cause of peritoneal effusion is not tackled but only the secondary phenomena are attempted to be controlled. Experience teaches us that this method fails in almost all cases though it may temporarily relieve the most distressing complaints.

Further according to the antipathic methods only those symptoms of a disease are picked out for counter-action which have opposites. So the antipathic drugs cover at best a portion of the symptom-complex, the totality of which constitute the disease. That is why Hahnemann wrote in a foot-note to Sec. 10 in the 1st edition of Organon that formerly physicians, not knowing how otherwise to render help in cases of disease, sought to combat by remedies one single symptom out of several and if possible to suppress it—a one-sided proceeding which under the name of “symptomatic treatment” has justly aroused general condemnation because thereby not only was no benefit gained, but much damage was inflicted. One single symptom is no more the actual disease than one foot is the whole man”.

There remains, therefore, only a third mode of drug-employment on a basis of symptom-similarity between the natural disease and the artificial drug-disease.

Hahnemann proceeds to justify the rationalité of this mode of drug-employment by reason, experience and observation of natural phenomena regarding disease and cure.

#### SEC. 26 to 35,

#### **The Homœopathic Law of Nature and a Provisional Explanation of it.**

In these aphorisms Hahnemann tries to justify the superiority of the homœopathic mode of employment of drugs for curative purposes by enunciating laws which he discovered from observation of natural phenomena.

According to him the *first* natural law is—A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (while differing in kind) is very similar to the former in its manifestations.

The apparent paradoxicality of the law is cleared up if we bear in mind that this law relates to vital phenomena and not to material phenomena. Let Hahnemann speak for himself :

'Let it not be imagined that the living organism, if a new similar affection be communicated to it when diseased by a dose of homœopathic medicine, will be thereby more seriously deranged, that is, burdened with an addition to its sufferings, just as a leaden plate already pressed upon by an iron weight is still more severely squeezed by placing a stone in addition upon it ; or as a piece of copper heated by friction must become still hotter by pouring on it water at a more elevated temperature. No, our living organism does not behave passively, it is not subject to the laws that govern dead matter ; it reacts by vital antagonism, as a whole *i. e.* the organism as a living individuality can neither receive two similar dynamic affections at the same time nor react to them simultaneously. It has to choose one or the other ; and it chooses the one which is the stronger of the two in affecting the vital principle.' By way of analogy the fact of 'chemical affinity' between different atoms may be cited here. When one molecule is brought into contact with another molecule of a different substance the atomic interchange takes place because the atoms of one kind of molecule seem to prefer combining with atoms of another molecular substance *e.g.* if molecules of  $\text{Na}_2\text{CO}_3$  are brought into contact with molecules of  $\text{HCl}$ , the 'Cl' atoms of  $\text{HCl}$  seem to prefer combining with 'Na' atoms of  $\text{Na}_2\text{CO}_3$  and leave off the 'H' atoms with which they were previously chemically combined. Somewhat similar phenomena like '*vital affinity*' takes place when the vital force prefers to receive and to react to a stronger but similar dynamic force and gives up the previously acting and dynamically combined similar but weaker dynamic force.

It is evident that in case of cure a stronger dynamic force but similar to the existing dynamic force (the existing disease-force) is to be discovered and administered to the sick individual. Where is such a force to be found ? Hahnemann found such forces capable of dynamically deranging the living organism, in those substances which go by the name of "medicines". They produce artificial diseases, each peculiar to a specific remedy ; and it seems to be a wonderful provision of nature that the pictures of natural diseases find their analogues in the artificial diseases produced by drugs. If we find that these medicinal forces are stronger than the natural disease-forces, medicines homœopathically employed will serve our purpose.

Are medicinal forces stronger than the natural disease forces? 'Yes', says Hahnemann and for the following reasons :

(1) Natural diseases are cured and overcome by suitable medicines.

(2) The susceptibility of the living organism for natural diseases is incomparably less than it is for medicinal diseases.

"A multitude of disease-exciting causes act daily and hourly upon us, but they are incapable of deranging the equilibrium of health, or of making the healthy sick ; the activity of the life-sustaining power within us usually withstands the most of them, the individual remains healthy. It is only when their external noxæ assail us in a very aggravated degree, and we are especially exposed to their influence, that we get ill, but even then we only become seriously ill when our organism has a particularly impressionable weak side (predisposition) that makes it more disposed to be affected and its health deranged by the existing (simple or compound) morbid cause.

"If the inimical physical and psychic forces in nature, which are termed morbid noxæ, possessed an unconditional power of deranging the human health, they would, as they are universally distributed, not leave any one in good health; every one would be ill and we should never be able to obtain an idea of health. But as, taken on the whole diseases are only exceptional states of the human health, and it is necessary that such a number of circumstances and conditions, as regards both the morbid forces and the individual to be affected with disease, should conjoin before a disease is produced by its exciting causes, it follows, that the individual is so little liable to be affected by such noxæ, that they can never unconditionally make him ill, and that the human organism is capable of being deranged to disease by them only in consequence of a particular predisposition.

"But it is far otherwise with the artificial dynamic forces which we term medicines. For every true medicine acts at all times, under all circumstances on every living, animated body, and excites in it the symptoms peculiar to it (even in a way perceptible to the senses if the dose be large enough) so that evidently every living human organism must always and inevitably be affected by the medicinal disease, and, as it were, infected, which, as is well known, not the case with respect to natural diseases."

Thus observation and experience support that the best way of curing diseases is by way of homœopathic mode of employment of drugs. It is a scientific fact based on observation and experiment. How the

cure takes place may not be explicable intellectually but that does not impair the scientific validity of this law of nature. Science is concerned with the 'how' and not "why" of things. But as our mind is not satisfied without some intellectual interpretation of the fact Hahnemann offers a provisional explanation of the 'modus operandi' of the drugs administered homœopathically to a sick individual to bring about cure—in the Section 29. Disease means suffering; and a man suffers when he feels altered sensations due to morbid derangement of the Life-principle. The structural changes of the body by themselves, do not make the man feel disagreeably. When the artificial drug-disease displaces the natural disease from its vital combination with Life-principle, the man ceases to suffer from the natural disease-force. The man nevertheless continues to feel the suffering due to the artificial disease-force acting on the Life-principle and the latter reacting thereto. But the artificial disease-force is soon overcome by the Life-principle because the former soon spends up its force due to minuteness of the dose of the medicine homœopathically administered to a sick individual. The Life-principle is thus freed from both the natural and artificial disease-force and can now continue to carry life on in health. The life-force thus restored to its original normal condition takes charge of the altered tissues and bring them also back to their original healthy condition. It must be remembered that in a homœopathic cure, cure is effected instantaneously by the administration of a rightly selected medicine but it takes him to make that cure perceptible to us because the structural tissue changes must involve some appreciable lapse of time. It is often seen that a feeling of well-being is often established immediately after the administration of the remedy homœopathically and much before the restoration of the pathological changes in the body to their original healthy condition. This is the sequence of events in the vital plane which manifest themselves in and through the material organism. Modern Physiology and Pathology study the underlying physico-chemical changes going on in the healthy and the diseased condition of the organism. They are not concerned with the vital or dynamic phenomena which transcend the material changes; and ignore the holistic conception of the human organism where body and mind and life are inseparably connected with one another. So the Hahnemannian dynamic conception of health, disease and cure are not incompatible with the physiological and pathological ideas of the modern scientific school but they represent something which eludes the grasp of an investigator with the materialistic stamp of mind.



## SEC. 36 to 50.

In support of the justifiability of the homœopathic mode of drug employment as being the best method or "the only correct method, the one possible to human art, the straightest way to cure, as certain as there is but one straight line between two given points" (Sec. 50) Hahnemann quotes instances from his observations on natural diseases and their cure brought about naturally.

- (1) If two dissimilar diseases meeting together in the human being be of equal strength; or still more if the older one be the stronger,—the new disease will be repelled by the old one from the body and not allowed to affect it.

*E. g.* (a) A patient suffering from a severe chronic disease will not be infected by a moderate autumnal dysentery or other epidemic disease.

(b) Rachitis prevents vaccination from taking effect.

(c) Chronic diseases are never cured with drugs administered allopathically.

- (2) If the new disease, attacking an individual already ill, be *stronger*, it suppresses only, as long as it lasts, the old disease that is dissimilar to it, already present in the body, but never permanently removes it.

*E. g.* (a) An epileptic remained free from epileptic attacks after infection with ring-worm.

(b) The pulmonary phthisis remained stationary when the patient came in for a typhus infection, but went on again after the latter had run its course.

(c) Scarlet fever was checked on the fourth day by the eruption of cow-pox, which ran its regular course, and re-appeared after the latter exhausted itself.

(d) The course of measles is not checked by the cow-pox inoculation, which manifested its clinical course after the course of the former is ended.

(c) With all dissimilar diseases—the stronger suspends the weaker but they never cure one another, and this happens with all allopathic mode of treatment.

- (3) The new disease, after having long acted on the body, joins the old one that is dissimilar to it, and thence arises a 'double (complex)

disease, so that each of them occupies a particular locality in the organism, namely the organs peculiarly adapted for it, and as it were, only the place specially belonging to it, whilst it leaves the rest to the other disease that is dissimilar to it.

*E. g.* (a) A syphilitic patient may become psoric and vice versa.

(b) Occasionally two dissimilar acute diseases like small-pox and measles occurred simultaneously in one and the same body and for a short time combined, as it were, with each other.

(c) These instances of complex diseases are seen during the allopathic treatment.

*N. B.* The simultaneous occurrence of two natural diseases in the same-body is only possible when diseases are dissimilar.

(4) When two *similar* diseases meet together in the organism they can neither repel one another nor suspend one another nor exist beside each other to form a double complex disease.

What happens ?

The two diseases, differing in kind but very similar in their phenomena and effects, invariably counteract and neutralise one another whenever they meet together in the organism ; the stronger disease permanently removes the weaker. The explanation of this method of cure has already been given in Sec. 29 and again reiterated in Sec. 45.

*E. g.* (a) Small-pox frequently produces violent ophthalmia, deafness and dyspnoea. These conditions have been known to be cured by small-pox infection.

(b) The inoculated cow-pox cures analogous cutaneous eruptions of children, often of very long-standing and of very troublesome character.

## SEC. 51.

Nature has but few diseases which it uses for homœopathic relief of other diseases ; whereas remedies producing artificial diseases, are many and varied and analogous counterparts of natural diseases that human flesh is heir to. Further treatment of one disease by introducing another similar disease in the organism is risky, because their doses cannot be controlled and regulated ; whereas doses of drugs producing similar, though artificial diseases, are capable of being regulated by human art.

## SEC. 52 to 55.

**The Homœopathic and the Allopathic Method of Treatment.**

Hahnemann, in these sections, again reverts to the discussion of the relative merits and demerits of the Homœopathic and the Allopathic methods of treatment. The basic approach of the Allopathic method of treatment is from the causal point of view. In the introductory chapters the limitations of the causal approach to the study of diseases and to the art of healing have been discussed. The apparent and temporary relief of some prominent and troublesome symptoms through this method of treatment has bluffed the suffering humanity and blinded the eyes of the physicians who presume that they are following a rational system of medicine. The shortcomings of speculative systems of medicine have also been discussed before to which the reader is referred back.

## SEC. 55 to 60.

**The Antipathic Method of Treatment.**

Here Hahnemann discusses the rationalë of the antipathic or enantipathic or palliative method of treatment. This method can be termed as a real symptomatic treatment—as here, a few symptoms of a case are arbitrarily picked up, opposite of which can be conceived and drugs possessing these opposite effects are applied. This leads to temporary alleviation of painful symptoms followed by recurrence or in some cases, aggravation of those symptoms. In succeeding sections Hahnemann gives an explanation of these phenomena.

## SEC. 61 to 69

**The Reason of the Injurious Nature of the Antipathic, and of the Sole Efficacy of the Homœopathic Employment of Medicines.**

Such is the inherent property of the Life-principle that whenever any agent tends to destroy or disturb its balance or harmony, the latter, though seeming to yield to the former, at first, always reacts against it to adjust itself automatically to its previous balance. As the Life-principle, in its healthy condition works in and through the material organism by expressing normal sensations and functions ; so, in its deranged condition the altered Life-principle expresses herself through altered sensations and functions. There are two stages in the development of the deranged condition of the Life-principle. At the outset the Life-principle seems

to yield to the noxious agent and behaves as a passive receptor of the influence of the latter. The altered sensations and functions expressed by the organism are due more to the specific dynamic quality of the offending agent which appears to compel the vital force, as it were, to receive its impressions and to allow the state of health to be altered by its specific drug-force. Though every symptom may be strictly due to the resultant of the actions and reactions between the life-force and the drug-force, the symptoms complex manifested at this first phase is called *the primary effect* of the drug because here the drugs acts on the life-force and the latter is not yet reacting to it. This phase lasts for a longer or shorter space of time. After the expiry of this phase the vital force seems to rally, and the result (*i.e.* the secondary action or counter-action) may be two-fold :

- (1) First, if there exists a possibility of evoking the exact opposite of the symptom produced by the primary effect of the drug, the vital force reacts in the form of exact opposite state of feeling and function (counter-effect) which is proportionate to the energy of the Life-force and to the intensity of the primary impression made upon it by the noxious agent or drug. This is called the secondary action, counter-action.
- (2) Or, *secondly*, when an opposite condition to the primary effect of a drug is not possible, the vital force tries to counter-act the deviation from the healthy condition of the organism, produced by the primary action of a drug, in such a way that the original normal healthy state of the individual is restored thereby. This is called the secondary action, curative action.

In Sec. 65 Hahnemann cites illustrations of the primary effects and secondary counter-action (if possible) of drugs. *E.g.* An arm bathed in hot water is at first hotter than the other arm ; but after its withdrawal and drying that very arm becomes not only cold again but much colder than the other arm. (It is a natural phenomenon). Opium produces sleep as a primary action, but this state of sleepiness is replaced by that of sleeplessness when the phase of primary effect of the drug is exhausted.

So Hahnemann writes that "it always happens after the primary action of a medicine that produces in large doses a great change in the health of a healthy person, that its exact opposite when, as has been observed, there is actually such a thing, is produced in the secondary action by our vital force." One thing is to be noted here : it is only when drugs are administered in large doses that primary and secondary actions

of drugs are perceptible to our senses. A small homœopathic dose of a drug certainly produces a primary action which is only perceptible to a sufficiently attentive observer ; but an opposite secondary counter-action is not perceptible as the vital force reacts just enough to restore the healthy state of the individual whose health was altered by the quite minute homœopathic doses of drugs.

Now we can understand the rationalê of homœopathic cures. 'The similar artificial disease which a drug used homœopathically is capable of producing in living organism takes the place of the natural disease, thus preventing the latter to make its influence felt on the vital principle,—*i.e.*, after the administration of a rightly chosen, similar drug the organism ceases to suffer from the natural disease-force, but its suffering is nonetheless continued or maintained by the medicinal disease. But, on account of the extra-ordinary minuteness of the dose of the drug employed, the medicinal disease is so transient, so slight and *disappears so rapidly of its own accord*, that the vital force has not to exert much against this small artificial disease to bring about a healthy reaction. Thus the vital force being freed from both the natural disease as well as the artificial disease, returns to its original normal condition which takes charge of the already altered tissues and organs and ultimately lead to healthy structural and functional conditions of the living organism.

In the antipathic (palliative) mode of treatment a reverse condition takes place. The antagonistic medicinal symptoms cannot replace the natural disease syndrome (as in the case of administration of drugs homœopathically to the natural disease) in the living organism. So the palliative medicine, as a thing different from and the opposite of the natural disease condition cannot remove the original disease completely and permanently. What it does is apparent but transient neutralisation of dynamic derangements of the organism, which lasts for a comparatively short time but only to induce the vital force to produce an opposite condition to this palliative drug, the reverse of the medicinal action, consequently the analogue of the existing original disease uneradicated, which is necessarily augmented by this addition produced by the vital force.

That is why Hahnemann was against palliative mode of treatment under all circumstances. This view he retained till 1833 when the fifth edition of Organon was published. But we find him modifying

his previous views in a foot-note (67) added to Sec. 67 in the sixth edition of Organon. He pointed out some exceptional circumstances where, according to him, use of palliatives appeared to be justified. In his own words "only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homœopathic remedy—not hours, sometimes not even quarter-hours, and scarcely minutes—in sudden accidents occurring to previously healthy individuals—for example, in asphyxia and suspended animation from lightning, from suffocation, freezing, drowning, etc.—is it admissible and judicious, at all events as a preliminary measure, to stimulate the irritability and sensibility (*the physical life*) with a palliative, as, for instance, with gentle electrical shocks, with clysters of strong coffee, with a stimulating odour, gradual application of heat, etc. When this stimulation is effected, the play of the vital organs goes on in its former healthy manner, *for there is here no disease* to be removed, but merely an obstruction and suppression of the healthy vital force. To this category belongs various antidotes to sudden poisonings: alkalis for mineral acids, hepar sulphuris for metallic poisons, coffee and camphor (and ipecacuanha) for poisoning by opium etc.

The main reason for the inadvisability of using a palliative drug in treating a sick individual, consists in the fact that the laws of inorganic dead matter differ from those of living matter. Here the reactive power of the vital principle comes in the picture and complicates matters. The physico-chemical properties of substances are altered by drugs possessing opposite physico-chemical properties. But not so in the dynamic plane of the living human organism. "Only a semblance of neutralisation and mutual removal occurs in such cases at first, but the antagonistic sensations do not permanently remove one another. Hahnemann cites, here, a psychological illustration: "The tears of the mourner will be dried for but a short time by a laughable play; the jokes are, however, soon forgotten, and his tears then flow still more abundantly than before."

So Hahnemann concludes that "the disease-symptom (this single part of the disease) consequently becomes worse after the term of the action of the palliative has expired; worse in proportion to the magnitude of the dose of the palliative."

## SEC. 70.

**A short summary of the Homœopathic System of Medicine.**

- Life :** The vital force of the Life-principle endows the body with sensations, functions and power of self-preservation (within certain limits).
- Disease :** It is nothing more than alterations in the state of health of the healthy individual which express themselves by perceptible symptoms. Diseases are not mere mechanical or chemical alterations of the material substance of the body and not dependent on the existence of a material morbid substance but that they are primarily qualitative derangements of the vital part of the organism. For treatment point of view the totality of perceptible symptoms constitute the disease.
- Cure :** Is only possible by a change to the healthy condition of the state of health of the diseased individual.
- Medicine:** Could never cure diseases if they did not possess the power of altering man's state of health which depends on sensations and functions ; their curative power must be owing solely to this power they possess of altering state of health.
- Health :** A state of ease and comfort of the living body depending on sensations and functions.

**The Curative Mode of Drug-Employment :**

Experience shows that the curative relation between the disease-phenomena and the drug-action phenomena ought to be based on the similarity of symptoms produced in each case.

Experience shows that allopathic and antipathic methods of treatment can, at best, temporarily remove some symptoms but can never cure a disease completely and permanently.

These 70 Sections comprise the doctrinal part of Organon i.e. the philosophy of Medicine in general and of the Homœopathic system of Medicine in particular. Science without art is mere theory and ratiocinative exercise of human mind. So Hahnemann, in the succeeding Sections of Organon, deals with the practical part of the healing art.

# THE PRACTICAL PART OF ORGANON

SECTION 71—291  
(Sixth Edition, Organon)

## SEC. 71.

### **The Three Points Necessary for Curing.**

In the preceding Sections Hahnemann discussed the theoretical aspect of the spirit of Homœopathic medicine. Now he deals with the practical part of his therapeutic system. The first point of enquiry for curing which he mentions is the investigation of disease *i.e.* how is the physician to ascertain what is necessary to be known in order to cure diseases? It is covered by Sec. 72 to Sec. 104.

The second point of enquiry is the investigation of the positive effects of drugs on the healthy human organism, It is covered by Sec. 104 to Sec. 145.

The third point of enquiry is the investigation of the most suitable method of employing these artificial morbidic agents (medicine) for the cure of natural disease. It is covered by Sec. 146 to Sec. 285.

## SEC. 72—104.

### **General Survey of Diseases—Acute, Chronic.**

Though we find Hahnemann constantly busy in developing the knowledge of drugs and perfecting the art of therapeutics, there was no time when his mind was not occupied with the knowledge of diseases and how to improve it. That is why the main changes in the successive editions of Organon deal with changes and progressive clarification in the conception of the vital principle and its force and about the ætiological factors of diseases.

According to Hahnemann disease is primarily a process of altered life manifesting itself through perceptible symptoms comprising altered sensations and functions. Hahnemann went deeper into the problem



of disease and made some subtle distinctions between disease 'per se' and disease as popularly understood by his allopathic contemporaries. Not only did he make this assertion that health and disease are mental abstractions and convenient fictions and not concrete realities but also he explained in unmistakable terms that disease is not a morbid entity "if by this commonly used expression was meant a rigid, unchanging sequence of characteristic events." Diseases are not comparable to animal or botanical species. It is purely a dynamical disturbance of the vital powers and functions which may or may not ultimate in gross tissue-changes. The tissue-changes are no essential part of the disease but only the end-results of the disease, which, as such, are not the object of treatment by medication. We observe individuals suffering from pneumonia, typhoid fever, Diabetes etc. Then we construct in our mind certain universals, certain abstractions, which we call disease. Disease is a personal event. It consists of the individual himself. There are as many different diseases as patients. But it would have been impossible to build up a science of medicine merely by compiling a great number of individual observations. The facts had to be classified and simplified with the aid of abstractions. In this way disease was born and medical treatises have been written since the dawn of the 17th century. Hence the need of books like 'Practice of medicine'. The mental process of classification of diseases is necessary for marshalling of facts and retaining them in memory though individualisation of diseased conditions is necessary for treatment of patients homoeopathically.

### **Hahnemann's Attitude towards Nosology i.e. Classification and Naming of Diseases.**

At the beginning of the 19th century when medicine decided to break away from philosophy and to become science, it naturally turned to those branches of biology which were already in existence. Medicine tried to classify diseases in imitation of the schema followed in the biological sciences of Botany and Zoology under the lead of Linneas and Cuvier, respectively.

With the advent and growth of scientific spirit in Europe there was an all-round attempt to systematise every branch of human knowledge, for science is knowledge reduced to law and embodied in system. Systematisation of any branch of human knowledge pre-supposes classification. Classification is a mental grouping of facts and phenomena

according to their resemblances and differences, so as best to serve some purpose. As the scientific method of knowledge is the method of inducing Nature and Being to reveal their own way of being and proceeding not hastening to put upon them our own impositions of idea and imagination—all different branches of science wanted to discover the Natural classification of the things or phenomena relevant to each branch because the numerous and important points of similarity which forms its basis are conceived as existing in the facts of Nature and not invented by scientists for some practical end. This attempt for natural classification is made for extending the bounds of knowledge for helping us in understanding the facts of nature and for aid to our memory. Besides classification the requisites of scientific language are two in number *viz.* Nomenclature and Terminology. A nomenclature is the 'system' of names of all classes of objects adapted to the use of each science." A Terminology is a system of names for describing the parts, qualities or activities of things. Basing on these systems of Nomenclature and Terminology sciences (*viz.* Botany, Zoology) were made to cover the whole sphere of thought and existence regarding those branches of human knowledge and experience. In classification, the term "variety" is regarded as the lowest class and the terms in the order of higher groups are known as "Species," "General," Tribe, Order, Division, Sub-class, Class, Sub-kingdom and kingdom. The principle involved in classification, is that the smaller groups, again, are classified into higher groups, these latter again into still higher groups, and so on.

Following the lead of other sciences medical men began systematising diseases from the beginning of the 19th century. The first attempt to make formal classification of diseases appears to have been made by Felix Plater in 1602 and by John Johnson in 1644. Sydenham, in the same century suggested that diseases should, like plants, be classified; but the example was not followed till in 1731 Francois Boissier de Sauvages (1706—1767) of Montpillier brought out a classification of diseases on these lines; this stimulated Linnaciers and others; and Sauvages in 1763 brought out his "Nosologia Methodica", the result of more than thirty years of labour. This was followed by other nosologists *e.g.* Vogel (Gottingen 1772), David McBride (Dublin 1772), William Cullen (Edinburgh 1785), P. Pinel (Paris 1798), Thomas Young (1813), Mason Good (1817) and James Copeland (1882) of London. Thus we find that some six works on Nosology were published during

the pre-homœopathic days of Hahnemann and the rest after he discovered and propagated the system of Homœopathy.

The keen, intuitive and brilliantly logical and scientific mind of Hahnemann could at once perceive the study of diseases by nosological method as the wrong, fruitless and misguided method of approaching the study of diseases for treatment purposes. In unmistakable terms did he point out that what is called disease is not a fixed entity but an ever-changing process like that of life itself. Disease is an abstraction made by our mental concept; the factual reality is the diseased person. It is our mind which, for purposes of practical convenience, has separated disease-conditions from the diseased person and gave these concepts general names for economy of thought-communication and thought-expression; but really mind separates what is inseparable and falls into a confusion which leads us to faulty practice. So Hahnemann criticised all the nosological methods and exposed their inherent contradictions, absurdities and infructuousness. In case of actual treatment a concrete individual is to be treated and not merely a mental abstraction. All classifications end with "varieties," but, in medicine, we have to deal with 'individuals' who are unique by virtue of their individuality and hence defies all attempts for grouping. Any attempt to base therapeutics on disease-naming is to ignore the factual or concrete reality and this is tantamount to fighting in the air against the "will o-the wisp." Individuals are the units of Nature; we treat a particular human being and not an abstract condition of the human being which is labelled as disease. Thus Hahnemann maintained that Nature has no nomenclature or classification of disease. She produces individual disease and insists that the true physician shall not treat in his brethren the systematic combination which makes up a genus of disease (a kind of confounding together of different diseases) but shall always treat the individuality of disease (Sec. 46. Organon 1st edition).

Hahnemann's contention is proved up to the hilt by the assertion of one fact that no classification of diseases, introduced by either the past or the present medical men of the Orthodox School is satisfactory enough to fulfil the requirements of the pathologists, the clinicians and the chemist. Hahnemann asserted long ago, that any satisfactory classification of diseases from all points of view, is impossible in the very nature of things concerned herein. Disturbed functions do not necessarily always hold pace with the morphological changes in the human organism and vice versa. Efforts have been made to describe symptom-complexes

corresponding to anatomico-pathological changes, but this too has proved unsatisfactory, as only in very rare typical cases do the clinical diagnosis and the autopsy finding fully coincide. It is well-known that in all diseases the pathological changes are but the expression of the end-results of diseases whereas the symptoms are the expression of the progress of the diseases and therefore it must be evident how difficult it is in the majority of diseases to bring about a classification which would make pathology and clinic absolutely coincide and this is specially true of all chronic progressive affections.

Hahnemann's views concerning this problem were best put forward in the Sections 39—61 of the first edition of Organon, which were entirely by Secs. 72—82 of the fifth edition of Organon. Though Hahnemann's views regarding naming and classification of diseases underwent considerable modifications (by the time he published the 5th edition of Organon) his adverse criticisms as regards the irrationality of the Nosology followed and advocated by the orthodox school, still holds good; and he remained a strict "individualist" in case of treating patients.

During his time diseases used to be classified as general and local—demanding general and local treatments. He refused this classification on the ground that each disease should not be considered as a specialty by the old anatomical conception of human being. It is true that disease consists of a functional and structural disorder. Its aspects are as numerous as our organic activities. There are diseases of the stomach, of the heart, of the nervous system etc. But in illness the body preserves the same unity as in health. It is sick as a whole. No disturbance remains strictly confined to a single organ. Hence such a classification is arbitrary and does not conform to factual reality.

He, next, took up the question of classifying diseases in *febrile* and *a-febrile* groups, a classification, strongly advocated by a section of his contemporaries. His remarks are too illuminating to omit mentioning. He writes: there is no general agreement as to which characteristic signs and symptoms should be included in the definition of fever, and which should be rejected; and among the greater number of theories and definitions of fever there is none that does not include symptoms which are also found more or less in diseases which are universally considered among the most a-febrile. The most febrile passes over to the most a-febrile by imperceptible degrees, a fact which shows that a sharp division between the two is only artificial and not natural.

Noting the characteristics of epidemic, endemic and certain sporadic diseases he appreciated the usage of giving definite names to certain diseases which are caused by a special agent of contagion (an individual "miasm" of a sufficiently definite kind), *e.g.*, the plague of Levant, Small-pox, Measles, Scarlet fever, Venereal diseases, the itch of wool-makers as well as rabies, whooping-cough etc. These diseases seem to be so definitely distinguished in their course and character that, whenever they appear, they can be recognised by their persistent signs as old acquaintance. Therefore it is possible to attempt to establish for each of them a regular and stable method of treatment. But those specific diseases cover but a small fraction of the multitude of diseases that human flesh is heir to. (Sec. 49, Organon 1st edition.)

He also noticed that there are a few diseases arising either from a single uniformly acting cause or from a combination of several definite causes acting simultaneously, which can readily be classed together to some extent *e.g.* gout and possibly also membranous croup and Miller's Asthma. These diseases are little less deserving of their special names because the symptom-group remains tolerably constant on the whole, for each of them, and therefore each is adapted to a definite and almost established treatment. (Sec. 50 Organon 1st edition)

The class of diseases the naming of which and frequently the standard treatment for which he definitely objected to comprises the widely differing varieties of Catalepsy, Tetanus, Cholera, Pleurisy, Phthisis, Diabetes, Angina Pectoris, Prosopalgia, Dysentery and other conditions represented by names which the orthodox school have given to disease-states that often differs fundamentally and only resemble one another in a few symptoms. These diseases probably arise from the concurrent effect of several pathogenetic causes which do not unite in the same way for the production of this disorder. These diseases often differ from one another in regard to several important symptoms, and hence cannot ever be treated all with the same remedies (Sec. 51 *ibid*). As collective names they have a certain value, but none as the special conditions; for then they lead the physician astray into a uniform empirical medicinal treatment to the detriment of his patients (Sec. 51 *ibid*). Hahnemann wanted to oblate the difficulty by naming these diseases as a variety of diabetes, a variety of facial neuralgia etc.

So Hahnemann comes to the conclusion that since nature herself produces diseases of individual kind, no rational medical art can exist which does not strictly individualise each case of diseases, that is, which

does not regard each case of disease as distinct and unique, which in truth it is. (Sec. 61 *ibid.*)

By the time Hahnemann published the fifth edition of *Organon* in 1833 his knowledge of disease underwent as sea-change and he scrapped all the Secs. 39—61 of the first edition and replaced them by Sec. 72—82. Hahnemann's approach to the study of diseases and drug-actions was clinical. Consistent with this approach he took up the clinical classification of diseases. The study of clinical symptoms is based on immediate and direct knowledge whereas the study of anatomico-pathological changes is based on indirect and inferential knowledge. The study of pathology supplies one with the knowledge of structures of organs and tissues, derived from microscopical sections of dead tissue more or less modified by fixatives and dyes; and this knowledge is brought to bear on a diseased but living person by mental process of inference and analogy. There is always room for uncertainty and probability in such procedure which Hahnemann wanted to obviate. That is why he, at last, took recourse to clinical classifications of diseases and attempted to justify his schema by ætiological considerations. His system is perfected by the acceptance of the schema of Nature *i.e.*, unity in diversity. Clinically he divided all the dynamic diseases as acute and chronic with special connotation and denotations attached to these terms by himself and ætiologically he divided the chronic diseases falling under three miasmatic maladies : *Psora*, *Syphilis* and *Sycosis*.

### Hahnemann's Conception of Miasms.

During Hahnemann's time the morbid agents which are causally connected with production of diseases, were designated by a general term "miasma or miasm"—which literally meant "any noxious emanation or effluvia or a polluting factor." There was no precise connotation or denotation attached to the term 'miasm'. It was Hahnemann who picked up the term which was current in the medical literature of his time but he invested the word with a special connotation and denotation and used it as such.

Hahnemann was the first to perceive and teach the parasitical nature of contagious diseases *e.g.* Small-pox, Chicken-pox, Measles, Scarlet fever, Cholera etc. Though he makes it explicit in his article on Cholera in 1831 (Appeal to thinking philanthropists respecting the mode of propagation of the Asiatic Cholera, *Cœthen*, October 24, 1831), he must

have arrived at it before 1827 when he expressed his views on 'Chronic diseases' to his disciples before publishing his book on Chronic diseases in 1828. In the article on Cholera referred above Hahnemann came to the conclusion that the cause of cholera "composed of probably millions of these *miasmatic animated being*" etc. Here we have an anticipation by more than 50 years of Koch's discovery of the Comma Bacillus of Cholera (1882). Hahnemann had had no microscope 'but he had a keen analytic mind and phenomenal intuition. He used the terminology of his day which he qualified to suit his purpose and thus made it clear that by the word "miasm" amplified by descriptive terms "infectious, contagious, excessively minute, invisible, living creatures" as applied to Cholera-poisoning agent he must have meant precisely what we mean to-day when we use terms of modern Bacteriology to express the same idea. In fact, the idea of "Contagium vivum" originated with Hahnemann and he can be hailed as the Father of Bacteriology !

During Hahnemann's time the causes of disease were known to include

(1) Mechanical factors.

Traumatic agencies *e.g.* lesions, injuries, destructions of tissues resulting from physical force, etc.

(2) Chemical factors.

Destructive action of certain chemical poisons *e.g.* Arsenic, Opium etc.

(3) Dynamic factors.

(a) Mental or physical, atmospheric, thermic, telluric and climatic ;

(b) dietetic, hygienic, contagious miasms, etc.

Hahnemann was the first to discover that *biological agents* in the nature of minute, invisible living being (miasms as he called and bacteria and other micro-organisms according to modern terminology) are causative factors for the origin and spread of contagious and infectious diseases.

The discovery of miasms (but not individualised) causing acute diseases was later followed by his discovery of miasms causing chronic diseases (The Chronic Diseases—Their peculiar nature and Their Homœopathic cure. 1st Edition 1828)

It is interesting to note the gradual development of Hahnemannian conception of miasm and infection if we read critically the successive edition of Organon and 'Chronic Diseases'. In the first three editions of Organon we come across the term "miasm" but it was used in the

then accepted sense. Of course Hahnemann shook off the crude materialistic idea regarding miasms as he came to perceive the spiritual (immaterial) dynamic character of the vital principle. As actions and reactions are only possible between entities of the same order of existence, anything which is going to affect the vital principle must be also of a spirit-like qualitative nature similar to that of the former. Miasms act qualitatively—this much was known to Hahnemann. But in the 'fourth' edition of *Organon* published in 1829 we come upon a tremendous change in the conception and classification of diseases as put forth in Sec. 5 & 72.

In Sec. 5 he asserts that fundamental causes of chronic diseases is generally due to chronic miasms. Sec. 72 ends thus after dividing the diseases into acute and chronic types—"They (chronic diseases) are caused by dynamic infection with a chronic miasm." By this time Hahnemann concludes that almost all diseases of dynamic origin (excepting occupational and drug-diseases) are due to 'miasmatic infection'. Particular attention of the readers are drawn here to these two words miasm and infection, as 'infection' is still the current coin in modern medicine where as the term 'miasm' has become obsolete in modern medical literature. His idea about *dynamic action* (as distinguished from mechanical and chemico-physical actions) and about infection have been clearly expressed in a long foot-note to Sec. 11 of *Organon*, Sixth Edition. As dynamic action implies a process whereby one substance is acted on by another substance without communication or actual interchange of the material parts of the substances concerned but rather qualitatively through the qualities inherent in them; so *infection* is a biological process whereby a living organism is acted upon qualitatively by another living being without communication or interchange of material parts of the beings concerned. The mechanical action between two substances is dependent on some sort of physical connections between them. A chemical action between two substances is dependent on the atomic interchange of the substances concerned. A physical action between two substances is dependent on the interaction of physical properties possessed by them *e.g.* thermal, electrical and magnetic properties, etc. But the interaction between a living body with another living one or with a thing falls under a separate category which is described positively by the term "dynamic action" which is, in fact, a negative way of expressing the mode of action or process as different from mechanical or chemico-physical process. Modern physiology, pathology and especially bacteriology



are busy with discovering the chemico-physical processes underlying this dynamic processes in cases of infection by miasma or bacteria ; and they are equally busy with the discovery of chemico-physical processes 'in minute' underlying each vital process and function. That is why when Hahnemann asserted that all diseases other than surgical or occupational are of the nature of infection what is meant is that in every case of illness the vital principle of the individual is qualitatively (and not mechanically or chemico-physically) acted on by exogenous morbid agents ; and this qualitative derangement of the vital force is described by Hahnemann as the dynamic derangement of the organism manifested by the totality of altered sensations and functions. The dynamic property of a drug implies this special quality inherent in the drug by virtue of which it brings about dynamic derangements of the living organism.

By the time Hahnemann found that the clinical classification of diseases is the classification most relevant for his purpose his attention was drawn to the differential points in the clinical picture of the acute and chronic types of diseases. The complete clinical picture of any disease comprises its onset, duration and termination. Certain types of diseases started with a sudden and definite onset, a more or less fixed course of duration and ended in death or recovery (with or without treatment). There was a second type whose onset was insidious, course indefinite with progressive changes in the structure and functions of the organism until at last the organism is destroyed. The former type he termed as *acute diseases* ; while the latter were termed *chronic diseases*.

Hahnemann's elaborate and accurate study of the miasmatic nature of acute diseases must have paved the way for his theory of the nature of chronic diseases. He noticed "three different important moments" with respect to the origin of acute infectious diseases, which are as follows :

- (1) The moment of infection ;
- (2) The period of time during which the whole organism is being penetrated by the disease infused, until it has developed within ; ('incubation period' in modern terminology) and
- (3) the breaking out of the external ailment, whereby nature externally demonstrates the completion of the internal development of the miasmatic malady throughout the whole organism (*Vide Hahnemann's Chronic Diseases*, pp. 33, Second Edition).

Hahnemann showed the presence of these stages in the origin and course of chronic diseases. As acute diseases (many) manifest themselves, at first, with some sort of skin eruptions so the three types of

chronic diseases presented similar features *e.g.*, Syphilis with chancre ; Sycosis with fig-warts ; and Psora with itch-vesicles. He established the contagious nature of chronic diseases during one phase of development in the human organism. Their transmissibility through successive generations was established through Hahnemann's marvellous collection of facts from the earliest possible recorded history. With these observations he could label the Chronic diseases as also of miasmatic nature with the same conception of miasm which he attached to acute diseases. Thus the concluding line of the Sec. 72 (They—chronic diseases—are caused by dynamic infection with a chronic miasm) of the 4th Edition of Organon is of momentous importance.

Hahnemann seemed to have arrived at the final conclusion about the nature of miasmatic concept regarding causation of diseases through these stages of thinking, *viz.*, first, he came to a definite idea about the nature of acute diseases ; secondly, he was able to show an analogy between the origin and development of acute and chronic diseases ; thirdly, hitting upon the fundamental causes of chronic diseases, he could formulate that the major portion of dynamic diseases are of miasmatic nature (*i.e.* some biological agents are at work).

For further justification of the parasitic nature of miasms causatively associated with diseases the following from the foot-note on page 35 of Hahnemann's Chronic diseases is quoted below :

Or have these various, acute, half-spiritual miasms the peculiar characteristic that after they have penetrated the vital force in the first moment of contagion (and each one in its own way has produced disease) like parasites, have quickly grown up within it and have usually developed themselves by their peculiar fever, after producing their fruit (the mature cutaneous eruption which is again capable of producing its miasma) they again die out and leave the living organism again free to recover ?

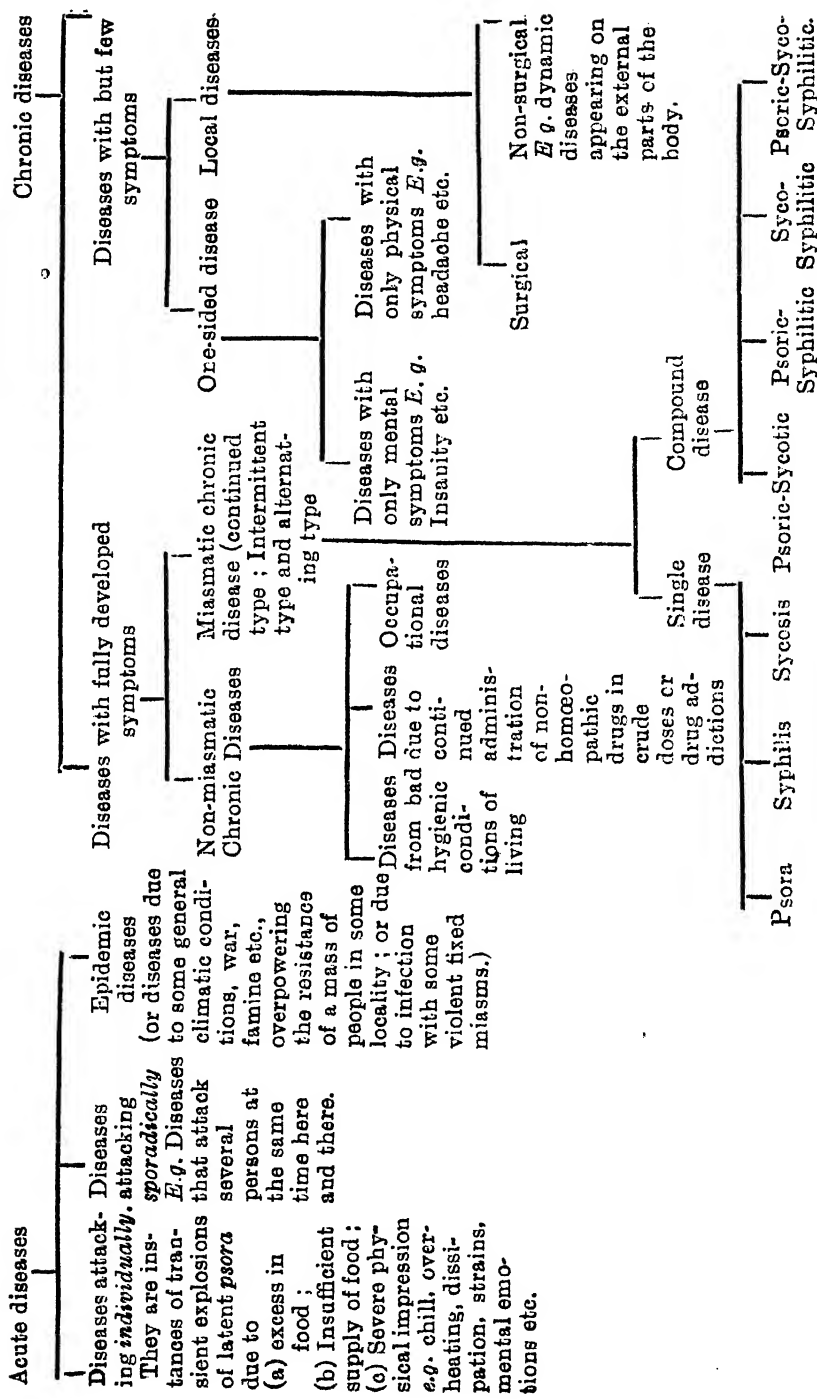
.....On the other hand, are not the chronic miasmas *disease-parasites* which continue to live as long as the man seized by them is alive and which have their fruit in the eruption originally produced by them (the itch-pustule, chancre and that fig-wart which, in turn, are capable of infecting others) and which do not die off of themselves like the acute miasmas, but can only be exterminated and annihilated by a counter-infection, by means of the potency of a medicinal disease quite similar to it and stronger than it, so that the patient is delivered from them and recovers his health ?"

# CLINICAL CLASSIFICATION OF DISEASES (according to Hahnemann).

*Illness (= deviation from a state of complete physical, mental and social well-being).*

| Indisposition  | Surgical diseases   | Dynamic diseases or diseases proper  |
|--|---|--|
| <p>(A slight alteration in the state of health manifested by one or more trivial symptoms which a slight alteration in the diet and regimen will usually suffice to dispel).</p> | <p><i>E. G.</i> In case of injuries accruing to the body from without. The treatment of such diseases is relegated to surgery; but this is right in only so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means. But when in such injuries the whole living organism requires, as it always does active dynamic aid to put it in a position to accomplish the work of healing—the services of the dynamic physician and homeopathy come into requisition.</p> | <p>Derangement of the vital principle to such an abnormal state that can furnish the organism with the disagreeable sensations and incline it to irregular processes—its morbid derangements only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician.</p> |
| Acute diseases (cont.)   |   | Chronic diseases (cont.)   |

(Sec. 150)



**Diseases—Acute and Chronic.**

Hahnemann observed that the diseased processes might be classified into two broad divisions *viz.*, acute and chronic. The acute cases lead either to recovery or death; while the chronic cases lead no-where except life-long suffering unless they are counteracted by homœopathic application of medicines discovered by Hahnemann. The totality of perceptible symptoms manifested by altered sensations and functions at a given time, constitutes the disease for treatment purposes. But Hahnemann had to widen his conception of disease as he came to investigate the nature of chronic diseases. He formerly held that "the physician has only to remove the whole of the symptoms in order, at the same time, to annihilate the internal change, that is to say, the morbid derangement of the vital force—consequently the totality of the disease, the disease itself" (Sec. 17.) ....it follows undeniably that the sum of all the symptoms in each individual case of the disease must be the sole guide to direct us in the choice of a remedy. And what we find him writing in his book on "Chronic Disease"?—"it was a continually repeated fact that the non-venereal chronic diseases, after being time and again removed homœopathically by the remedies fully proved up to the present time always returned in a more or less varied form and with new symptoms or reappeared annually with an increase of complaints. This gave the first clue that the Homœopathic physician with such a chronic case, yea in all cases of chronic diseases, has not only to combat the disease presented before his eyes, and must not view and treat it as if it were a well-defined disease, to be speedily and permanently destroyed or healed by ordinary homœopathic remedies, but that he has always to encounter only some separate fragments of a more deep-seated disease... ..They must therefore all have for their origin and foundation constant chronic miasms whereby their parasitical existence in the human organism is enabled to continually rise and grow." (Hahnemann's Chronic Disease. pp. 5 and 9 Second Edition.)

Thus we find that the difference between an acute and a chronic disease implies something more than the time-duration of illness. Clarke's remarks regarding the particular meaning attached to the word "Chronic" by Hahnemann in the phrase "chronic diseases", are to be borne in mind: Hahnemann did not use it in the ordinary sense of "long-lasting"; he meant a disease which was due to a poison (or miasm) which had a chronic evolution (in the manifestation of symptoms). Syphilis is a

chronic disease in his sense whether the manifestations are acute or whether they are long lasting. 'Psora' is a chronic disease in this way though sometimes its manifestations are intensely acute." Hahnemann's classification of diseases into acute and chronic is, from first to last, one of practical import.

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### **The Real Significance of Acute and Chronic Diseases.**

The acute cases lead either to recovery or death ; while the chronic cases lead no-where except life-long suffering unless they are counteracted by homœopathic application of medicines discovered by Hahnemann. By the time he talked of acute and chronic diseases he came to form a clearer and more definite conception of the Life-principle as having a substantive entity though belonging to an order of existence different from that of matter and yet somehow integrated with the material body in its surface existence. It is the force of the Life-substance that animates the body, keeps the different parts of the body in a harmonious functioning order, preserves the body from death, disintegration and decay and automatically reacts with an attempt at repair against any inimical agent threatening the integrated existence of the body, life and mind. Disease 'per se' consists in the disorderly functioning of the Life-force—preceding, and co-existing and ultimating in structural changes of the material parts of the organism. Thus, in acute diseases the life-force, though disordered to a great extent or even to the point of extinction still retains an inherent capacity to set itself right with or without medicinal help ; whereas, in chronic diseases, the life-force of the life-substance, though altered in an insidious way, gets deranged in a somewhat peculiar manner so that it seems to lose that inherent property of self-adjustment. This was the problem which Hahnemann set for himself to solve.

In acute cases, the life-force is changed but that is more or less a superficial change compared to what happens in chronic cases. Here we may note also Hahnemann's conception of 'Infection' which has been discussed before. We would try to explain the matter with the help of an example from physical science. Every student of physics is aware of "induced" magnets and 'permanent' magnets. Any piece of soft-iron rod behaves as a magnet (i.e. exhibits the general properties of a magnetised body) so long as it is placed and kept in front of a permanent magnet. But it loses its magnetic properties as soon as the

inducing magnet-piece is withdrawn. But if that piece of soft-iron rod is permanently magnetised by a magnet (stroking along it in a particular manner) it retains its magnetic properties even when the other magnet is withdrawn from its presence. This shows a more or less permanent change in the configuration of the molecules of that piece of soft-iron rod, that has taken place ; and a special process is needed to demagnetise it. Might it not be an analogous condition with acute and chronic infection ?

With the passing of years and growth in experience Hahnemann came to regard man more as an organism than as a machine. A machine is composed of many parts, originally separate. Once these parts are put together, its manifoldness becomes unity. Like the human individual, it is assembled for a specific purpose. Like him, it is both simple and complex. But it is primarily complex and secondarily simple. On the contrary, man is primarily simple and secondarily complex. He originates from a single cell. His growth means multiplication and self-differentiation of the primitive cell to form diverse tissues and organs. Thus an organism is not artificially made but grows—not put together by the force from outside but evolved by a single power working from within—a self-evolving, self-realising unity. The plan or idea contained in the evolving force from the beginning, manifests itself as the energy of life, the unifying and controlling power of the whole over the parts, differentiating and co-ordinating the parts and making them co-operate together for its own more perfect realisation. The parts derive their form and function from the whole ; and the whole makes itself to be what it is by evolving and sustaining the parts as its organs. In other words, the evolving power reacts from the whole upon the parts, making them subservient to its own plan or idea and thus raises itself into being the life of the organism. Therefore life is both the beginning and resultant of the organism. It is its beginning because it is the power which evolves it from the primordial cell onwards. It is the resultant because the organism is the system of means by which it completes and perfects itself and makes itself to be concrete life. As there is a central life-mechanism corresponding to the whole, there is life in the parts, tissues or organs and there is life in every cell. Life is a scale of energy forming a sort of hierarchy from cell-life to collective or central life. Disease is disorder in any plane—material, vital or mental—as a whole or as a part constituting or conforming to the whole. In acute diseases, the disorder starts from the lower scale of life in the tissue-cells or

organ-cells and this disorder acts on the whole or central life-force ; here the disease-process is the resultant of the action of the part and the reaction of the whole to it. Here the disease-process seems to start from outside within or in the ascending order in the hierarchy of life. The central life-mechanism is disturbed eventually but the change is of a more superficial nature analogous somewhat to the condition of "induced magnetism." Whereas in Chronic cases, the whole or central life is attacked and disturbed first by some morbid agent of a miasmatic nature ; this central disturbance leads to disturbance in the life of the tissues, organs or cells. Here the disease process seems to start from within outwards or in the descending scale of life. That is why in chronic diseases, constitutional symptoms (*i.e.*, symptoms indicative of the disturbance of the central life-mechanism) are more marked ; whereas in acute cases the structural and functional changes of the tissues and organs overshadow the constitutional symptoms. Herein we get a clue for evaluation of symptoms in case-taking to treat a patient homœopathically. Hahnemann's description of symptoms corresponding to what he calls as Latent Psora, Secondary Psora and Tertiary Psora becomes intelligible if we bear in mind the course and evolution of the disease-process from the centre to the periphery or from the whole to the parts. At first we find the disturbance located in the central life-mechanism, which is manifested through perceptible sensorial and functional changes of the organism as a whole ; here nosology fails to be applied as the symptoms do not refer to any particular organ or tissue ; and the man though showing deviations from the healthy state, is not termed as specifically diseased. This is the stage of Latent Psora. In course of time the disharmony of the whole or central life is reflected on to the disharmony of life in the organs and tissues ; and the disorder is manifested more in the functional plane related to tissues and organs. This is the stage of Secondary Psora—when the disease is mainly confined to the functional plane without proportionate structural changes in the tissues and organs. This is followed by the tertiary stage of Psora when the gross structural changes in the tissues or organs appear—the domain of pathology proper and nosology. Central functional changes precede functional changes of individual tissues or organs and gross anatomico-pathological changes of individual tissues or organs ; this seems to be the order of progression in the chronic diseases. Here the disease process starts in a simple way and ultimately develops in multi-lateral directions according as different tissues or organs (though originating from a



premordial cell) are affected simultaneously or successively in course of time. Hahnemann contends that the miasms responsible for psora, syphilis and sycosis are of such a nature as they attack the central life-force at the outset and the primary derangement of the central life-force thus produced, makes the organism susceptible to many other agents to develop functional and structural changes in individual tissues or organs—thus providing occasions for diverse naming or labelling of diseased conditions corresponding to diverse tissues or organs predominantly damaged. So in chronic cases the central life-force is primarily disturbed from within (notwithstanding the cause being exogenous) similar to the condition of a permanently magnetised piece of soft-iron rod. Hahnemann further maintains that there are three fundamental ways in which the central life-force may be deranged—psoric, syphilitic and sycotic; and there are three specific miasms, corresponding to each of them.

We can also differentiate acute diseases from chronic ones from the pathological point of view *e.g.* the pathological changes in acute cases are more inflammatory and reversible in character so that complete recovery is possible; whereas the pathological changes in chronic cases are more of degenerative and irreversible in character so that permanent damage to the tissues takes place. As for example, in acute lobar pneumonia a good part of the lung or both the lungs may undergo inflammatory changes which might threaten the very existence of the patient but there is always a chance of the tissues coming back to original healthy condition if recovery takes place; whereas in chronic diseases *e.g.* tuberculosis of the lungs, the pathological changes may begin very insidiously but in case of recovery the degenerative disease-process might get checked but the tissue already affected would be fibrosed or calcified permanently. The change which starts from within out is slow but sure and irreversible.

Herein we also find explanation of the fact as to why the recently discovered so-called wonder-drugs of modern medicine, though efficacious in many acute cases, fail to radically cure the chronic ones. In acute cases, where the central life-mechanism is not primarily affected, these drugs serve to remove the obstacles to recovery (to talk in Hahnemannian language) and indirectly give the central life-force a chance to readjust itself to the original normal condition. So the treatment with these drugs are at best indirect medications more against the offending

morbific agents than against the diseased condition of the organism. This procedure is fraught with dangers and uncertainties as the specific reactions of the human organism to these drugs cannot be predicated beforehand. The chemo-therapeutic and antibiotic measures seem to be of great help in certain cases but they have certainly complicated matters which the allopathic physicians are slowly but surely on the way to realisation much at the cost of the patients. (Sir John Wier's Presidential Address.)

### SEC. 73.

#### The Clinical Varieties of Acute Diseases.

Hahnemann classified acute diseases according as they—

- (a) attack human beings-individually ;
- (b) attack several persons at the same time, here and there—*sporadically* ;
- (c) attack many persons with very similar sufferings from the same cause—*epidemically* ; these diseases generally become infectious (*contagious*) when they prevail among thickly congregated masses of human beings.

The exciting causes and conditions of epidemic cases are—

- (1) the calamities of war, inundations, famines, etc. to which a mass of human beings fall a victim to and
- (2) sometimes they are *peculiar acute miasms* which recur in the same manner (hence known by some traditional name) which
  - (i) either attack persons but once in life-time *e.g.* small-pox, measles (?), whooping-cough etc. or
  - (ii) such as recur frequently in pretty much the same manner, the plague of Levant, the yellow fever of the sea-coast, the Asiatic Cholera, etc.

*N. B.* The acute diseases attacking human beings individually, in reality, however, are generally only a transient explosion of latent psora, which spontaneously returns to its dormant condition if the acute diseases were not of too violent a character and were soon quelled. The exciting causes of this type of cases are excesses in food or an insufficient supply of it, severe physical impressions, chills, overheatings, dissipations, strains etc., physical irritations, mental emotions and the like. These factors

seem to lessen the body resistance or make the patient more susceptible to this dynamic influence—whereby the latent infection in the system flares up and paves the way for secondary infection with various types of acute miasms.

### Pathological Considerations.

"The material history of the development of the animal and human body has left it bound to a minutely constructed and elaborated system of organs and a precarious order of their functioning which can easily become a disorder, open to a general or local disorganisation dependent on an easily disturbed nervous system." Our organisation is thus in a condition of unstable equilibrium. But it is the inherent property of Life-principle that whenever a factor tends to modify the equilibrium there occurs a reaction that opposes this factor in order to restore the original condition of equilibrium. Life is a continuous process of self-adjustment of the inner being with outward circumstances. Illness expresses the adaptation of the organism to a pathogenic agent or its passive destruction by this agent. The accommodation to pathogenetic agents assumes two different aspects. On one side, it opposes their invasion of the body and tends to bring about their destruction. On the other hand it repairs the lesions the organism has suffered and causes the poisons generated by the bacteria or by the tissues themselves to disappear. Disease is nothing but the development of these processes. But it may be, as in cancer or insanity, the expression of the passive decay of an organ or of consciousness.

Normally, life maintains its integrity, which we call health, by steadily opposing, and within the borders of the organism, reversing processes of outer nature. Whenever these forces of outer nature are permitted to extend themselves unchanged, or insufficiently opposed into our interior, pathology results *e.g.* a burn, poisoning or infection. All factors of outer nature, physical chemical, and biological alike, even the ones we commonly consider harmless, are potential disease-producers merely by virtue of being a part of extra-human nature. In this respect, there is no fundamental difference between drugs, poisons or micro-organisms. Disease or death occurs when the extra-human impulses which they represent, prevail over their polar, opposing counter-processes of our human formative forces.

Illness may occur under one of the three following circumstances :

1. An external invading factor of overwhelmingly increased strength or virulence may unconditionally over-ride the body's resistance: Exogenous origin of illness irrespective of endogenous factor *i.e.* the susceptibility on the part of the human organism does not count here. This is how acute epidemic diseases occur.

2. One or several of the specific resistance factors is weakened somehow thereby allowing for the invasion of the corresponding outer infective agent: Exogenous factor joining hands with the endogenous factors—here the question of susceptibility of the human organism comes in.

This is how sporadic cases of acute diseases occur.

3. Any function of our system, of itself may be altered in such a way as to become similar instead of opposed to any of the outer extra-human process; thus it spontaneously would create an enclave, as it were, of an extra-human health inimical functioning: Endogenous factor predominating irrespective of the exogenous factor—here the question of susceptibility over-rides all other considerations.

This may account for acute diseases attacking individually.

Thus we find that under average circumstances the exogenous factor is held in check until somewhere our defense breaks down or something within us invites the invader (*i.e.* living germs). On the other hand, in some exceptional circumstances the life-force is so permanently changed as regards its constitutional response that the physical environmental factors (minus the contact and presence of microbes) are alone sufficient to bring about altered internal functioning of the organism similar to those known to be causally connected with specific micro-organisms or leading even to non-infectious types of illness *e.g.* insanity, epilepsy etc.

This may account for the outbreak of acute epidemic diseases when the general health of a population is undermined and deranged sufficiently due to the calamities of war, famine, flood etc.—minus the contact and presence of microbes or with the contact and presence of those micro-organisms which are non-pathogenic under average normal circumstances.

This circumstance may also account for the incidence of chronic diseases. The chronic miasmatic infectious (as described by Hahnemann) states are the predisposing conditions which may or may not ultimate in actual tubercular, syphilitic or sycotic diseased conditions. And that

these altered conditions of the organism may exist are experimentally verifiable and clinically demonstrable by the Drug-Proving according to Hahnemann's instructions and methods.

### **Hahnemann's Theory of Chronic Diseases.**

Hahnemann after discovering and practising Homœopathic method of treatment for about 30 years (1790-1820 A. D.) found that Homœopathy failed to bring a real cure in some diseases in the sense that though the diseases appeared to subside for a time under properly selected homœopathic drugs they always had a tendency to relapse at some future time *i.e.* the same vital force which is stimulated effectively to overcome the infection in acute diseases by Homœopathic similimum remedy, fail to be roused effectively against the infection in chronic diseases, with the aid of remedies which best cover their present symptoms. With regard to treatment of chronic diseases Hahnemann stated that "its start was pleasing, the continuation less favourable, the outcome hopeless." This apparent failure of radically curing certain diseases may be due to one or more of the following reasons :

- (1) The Law of Similars might not be law of universal application.
- (2) The number of drugs hitherto discovered for use as homœopathic remedies were too few to cover all the varieties of diseased condition that afflict human beings.
- (3) There might be some defect in the application of the Law of Similars.
- (4) There might be some omission in ascertaining the totality of symptoms which constitutes disease for homœopathic method of treatment.
- (5) There might be some obstacles overlooked, the persistence and non-eradication of which prevented lasting recovery.

Hahnemann took up the discussion and met the arguments in the following way :

1. He dismissed the first point (referred above) on the ground that the validity of the law of similars is based on observation and experiment and supported by inductive and deductive processes of thought and reason and this law was observed to be followed by Nature herself to bring about cure of natural diseases.

## 2. Hahnemann met the second reason thus :

The followers of Homœopathy have hitherto thus consoled their minds but this excuse or so-called consolation never satisfies the founder of Homœopathy—particularly because even the new additions of proved valuable medicines increasing from year to year have not advanced the healing of chronic (non-venereal) diseases by a single step, while acute diseases (unless these at their commencement threaten unavoidable death) are not only passably removed by means of a correct application of homœopathic remedies but with the assistance of the never-resting persevering vital force in our organism, find a speedy and complete cure.

3 & 4. As regards the third and fourth items he came to discover a new fact after noting that the non-venereal chronic diseases after being time and again removed homœopathically by the remedies discovered hitherto, always returned in a more or less varied form with new symptoms or reappeared periodically with an increase of complaints. This new fact led him to conclude that the homœopathic physician with such a chronic case has not only to combat the disease presented before his eyes and must not view and treat it as if it were a well-defined disease, to be speedily and permanently destroyed and healed by ordinary Homœopathic remedies but that he has always to encounter only some separate fragments of a more deep-seated original disease. In other words Hahnemann was led to conclude that though certain cases were temporarily benefitted by remedies which seem to correspond accurately with the symptoms actually present, there were points of importance in these cases to which they failed to correspond. In the cases referred to the disease manifestations, though taking the form of ordinary acute illness, were only one event in a series ; and it was necessary to find medicines corresponding to the series, if a cure was to be effected. All these isolated attacks of particular syndromes are not many diseases but varied expressions of one continuous, progressive morbid process which constitutes the 'disease per se.' So the law of cure was not at fault but the defect was in ascertaining the totality of symptoms on a wider basis comprising not only the present syndromes but the past syndromes as well.

5. Thus Hahnemann was led to think of the existence of some obstacles which after it has once advanced and developed to a certain degree, can never be removed by the strength of any robust constitution or can never be overcome by the most wholesome diet and order of life

nor will they die out of themselves. This obstacle to the cure of many cases was found by Hahnemann after searching investigations and prolonged observations on non-venereal patients, to lie very often in a former itch eruption which was not unfrequently forgotten and the beginning of all the subsequent sufferings usually dating from that time. This was noted with similar chronic patients who did not confess such an infection or what was probably more frequent who had, from inattention not perceived it or at least could not remember it. After a careful enquiry it usually turned out that little traces of it (small pustules of itch, Herpes etc.) have showed themselves with them from time to time, even if but rarely as an indubitable sign of a former infection of this kind. These circumstances in connection with the innumerable factual observations of Hahnemann and other physicians had shown that an eruption of itch suppressed by faulty practice or one which had disappeared from the skin through other means, was evidently followed in persons otherwise healthy by the same or similar symptoms. Hahnemann gave a general name to the obstacles retarding cure and defined the obstacles in terms of a symptom-syndrome. This obstructive symptom-syndrome was named by him as Psora—the internal itch disease with or without its attendant eruption on the skin. We have always to bear in mind that Hahnemann was an out and out practical man. He never forgot the ideal which he set for a physician. All his observations, experiments, by logical deductions and inductions leading to discovery of the Homœopathic Law of Cure revolved round his effective therapeutics. The age in which he lived was an age of vain theories and fanciful speculations leading to multifarious systems of medicine. The sick man who needed relief was sacrificed at the altar of false theories and speculations. Facts were distorted to fit in with their theories. In his time physiology and pathology discovered a few positive facts which were overshadowed with a host of speculative theories; and the patients were sought to be treated on those baseless suppositions. As a reaction he discarded physiology and pathology as were extant in his time and believed only on symptoms as perceptible to our senses, which did not admit of any theories or preconceived notions regarding their origin. So he did not proceed from conceptions of pathology to therapy but from positive effects of drugs to therapy. He studied the actions of drugs from the point of view of symptoms which were produced by administration of drugs in a healthy human being. With minimum or fewest possible assumptions he studied the nature of diseases, whether

acute or chronic—so far as the study of symptoms revealed their nature or led to development of concepts regarding the etiology of diseases. Symptomatology of natural diseases and artificial drug diseases form the bedrock on which the whole structure of the science and art of Homœopathy stand.

### Psora.

The term Psora, according to the English Dictionary means (1) the itch or some similar skin disease ; as well as (2) the itch-mite (*Sarcoplas Scabii*). The derivation is Latin and Greek, but it is rather Hebraic in origin, coming through the Greek and Latin, the original word being Tsorat—which means : A groove, a fault ; a pollution ; a stigma ; often applied to leprous manifestations and the great plagues (Vide pp. 200-201, Principles of Art and Cure by Homœopathy by H. A. Roberts M.D.) Hæhl, the biographer of Hahnemann, also remarks that Psora, as an expression, widely known in Hahnemann's time was the general term for a whole series of skin troubles of the most varied kinds, well-known from the very earliest times. It was in this wider sense that his contemporaries (*e.g.* Autenreith, Schoenlein etc.) used the word generally at the end of the eighteenth and in the first three decades of the nineteenth century, although at the same time they applied it in the narrower sense to itch proper. Hahnemann did not, therefore, coin this expression, but rather by his use of it showed his association with his contemporaries. Like them he used the word in a wider sense ; and knew the cause of itches as the itch-mite (*Acarius Scabii* or *Sarcoptes hominis*), its destruction by external remedies (embrocations, baths, flowers of Sulphur lotions, etc) and the digging out of the mite from its burrows under the skin. But he invested 'Psora' with a special connotation of his own. By this term he meant an original diseased condition "which does, after the completion of the internal infection of the whole organism, announce by the peculiar cutaneous eruption, sometimes consisting only of a few vesicles accompanied by intolerable voluptuous tickling itching (and a peculiar odor) ; and which, under different circumstances evolves into various other diseased conditions affecting diverse tissues and organs, coming under different nosological labels. As this morbid vital process is associated with outer manifestations of some sort of itching skin eruptions it was described by Hahnemann as the "internal itch disease."

Psora is often described as a cause of a multitude of chronic diseases but not in the sense of a mechanical or efficient cause



extraneous to its effects. It is rather a material or evolutionary cause where there is no break, no discontinuity, so that we can take out arbitrarily any preceeding section and label it as a cause to its succeeding section in the continuous series of phenomena. This primary, non-localizable, non-namable diseased condition (which is named as Psora) evolves under different circumstances and concomittant factors into multifarious diseased processes which go by different names under nosology (*i.e.*, a branch of medical science dealing with classification and naming of disease).

### Psora and Chronic Miasm.

Vital force is the force of the mysterious substantive entity called the Life-principle. There are causes belonging to two categories—material and efficient—implied in the production of diseases which is nothing but an altered state of the life-principle. According to Hahnemann, as a practical physician we are more concerned with the material cause of diseases, the altered state of health. The knowledge of the efficient cause of disease may not be directly required or indispensable for the treatment of the diseased condition—nevertheless this knowledge is also useful to the physician from other aspects or points of view. Hahnemann's latest discovery in the field of medicine consisted in (1) the discovery of miasms (*i.e.*, living beings) as the efficient cause of some of the acute diseases and all of the chronic diseases (excepting those due to drugs, trauma, or other occupational factors); and (2) in the determination of successive stages in the evolution of diseases, both acute and chronic. Hahnemann always held the opinion that once the diseased condition is brought about by some exogenous factors acting as efficient causes, actual treatment of the case needs tackling of the material cause though the knowledge of the obstacles to recovery in each case and of how to remove them is also essential and indispensable for the true physician. True to his dictum, after discovering the nature of efficient cause of chronic diseases he left them there and delved deep into the subject of material cause of chronic disorders *i.e.*, altered force of the life-principle in all its complexity and totality. The description of the efficient causes *i.e.*, the miasms which he gave, perfectly tallies with the modern description of bacteria in general. Beyond hinting about the "contagium vivum" he did not proceed further as the time was not ripe for further investigations and researches along that line. Even a cursory perusal of Hahnemann's book on Chronic Diseases" will convince any body

that Hahnemann's miasms anticipated bacteria or parasites (*i.e.*, living organism, visible or invisible to the naked eye) of modern Bacteriology. We must not confuse Psora with chronic miasm. Psora is the diseased condition produced by a certain type of miasm; and it was described by Hahnemann as "Chronic Miasm" because it has the potentiality to produce chronic diseases. If we say, Psora is a chronic miasmatic disease—everything is clear. But if we assert that Psora is a chronic miasm, confusion starts, the material cause is made synonymous with the efficient cause and everything gets jumbled up. The same argument holds good for Syphilis and Sycosis.

### **Criticism about the nature of Psora—an Infection or a Dyscrasia ?**

A predominant section of Homœopaths are of opinion that Hahnemann fell into a logical error of undue generalisation in tracing all diseases (except those of syphilitic and sycotic origin) to one primary disease-process or one primary infecting agent. The facts, however assiduously collected by Hahnemann, do not justify his stand.

Dr. J. H. Clarke, M. D. of London writes in the introduction to his book "The prescriber": Since Hahnemann's day much has been done in tracing out the life-history of morbid diathesis, and there is no necessity to limit the number of chronic diseases to the three he described. It is open to original minds to find other miasms and their similars *e.g.* Burnett talked of 'Vaccinosis.' The use of the nosodes in Homœopathy and the use of "Vaccines and Serums" in allopathic imitations of homœopathy are instances of possible developments on these lines. Dr. Wheeler and Sir John Weir also agree with Clarke. In fact, Dudgeon and many following him find fault with Hahnemann for this his supposed undue generalisation.

Dunham, one of the ablest exponent of Homœopathic principles of treatment, was not at all enthusiastic over the 'Psora theory and discreetly kept quiet over the problem. He bypassed the puzzle by referring to the importance of "anamnesis" in the management and treatment of chronic diseases.

There is another school of thought, the upholders of which are apt to regard Psora as a *dyscrasia* or constitutional deficiency and to ignore the existence of causative miasms. To them Psora is more a predisposition to diseases rather than the diseases-process itself.

There is a third school of thought who have made Psora synonymous with chronic miasm. To our mind the phrases like 'acute miasm' and 'chronic miasm' are very unhappy. The in-appropriateness of the phrases becomes evident if we substitute the word "microbes" or "living organisms" for the word "miasm" (*e. g.* acute bacteria or chronic bacteria). Bacteria are bacteria : some may produce acute diseases while others may produce chronic conditions ; for that reason bacteria cannot or should not be qualified by terms acute or chronic. But as we referred earlier, according to the Dictionary meaning, the word 'Psora' is an equivocal word *i.e.*, meaning both the disease-process as well as the disease-producing agent ; the usage of the phrases like "acute miasm and chronic miasm came to be accepted in homœopathic literature. Even Hahnemann also used the phrase "Chronic Miasm" (pp. 37 Chronic Diseases). Even a Homœopathic stalwart like the late Dr. Roberts described Psora as chronic miasm in his master piece "The principle and Art of Cure by Homœopathy." But we should differentiate the implications behind the expressions "Psora is a chronic miasm" and "Psora is a chronic miasmatic disease."

Chapters and verses can be quoted from Hahnemann's original writings showing that he always described Psora as a chronic miasmatic disease.

To solve the problem regarding the nature of Psora (whether an infection or dyscrasia ?) we may again refer to Hahnemann himself, who writes : But the miasms of itch need only to touch the general skin, especially with tender children. The disposition of being affected with the miasma of itch is found with *almost* everyone and under *almost* all circumstances which is not the case with other two miasma. As no other chronic miasma infects more generally, more surely, more easily and more absolutely than the miasma of itch, as already stated, it is the most contagious of all." This clearly indicates that Psora is not a predisposition but a disease brought on by infection with the psoric miasm. In fact no predi-position *i.e.* prior state of altered health is a condition precedent to infection with psoric miasm.

### Hahnemann's Self-contradiction.

Hahnemann seems to contradict himself when he writes thus in a foot-note to pp. 44 (Chronic Diseases) : It was more easy to me, than to many hundreds of others, to find out and to recognise the signs of the Psora as well when latent and as yet slumbering within, as it has grown

to considerable chronic diseases, by an accurate comparison of the state of health of all such persons with myself, who, as is seldom the case, have never been afflicted with Psora and have, therefore, from my birth even until now in my eightieth year, been entirely free from (smaller and greater) ailments, enumerated here and further below, although I have been, on the whole, very apt to catch acute epidemic diseases, and\* have been exposed to many mental exertions and thousandfold vexations of spirit." Hahnemann admits then, though indirectly, that there is a state of predisposition prior to getting infected with the psoric miasm. Here Hahnemann seems to distinguish between two kinds of susceptibility on the part of the human beings: susceptibility to acute infections and that to chronic infections. But he fails to develop his contention. Thus we come to the conclusion that the Psora is not a diathesis or dyscrasia but a diseased-condition itself, the beginning of the morbid dynamic alteration of the vital force, manifesting in and through the organism as altered sensations and functions which might be too trivial to incapacitate him from following his daily round of activities and to consider himself as healthy and to be supposed so by others.

Stuart Close (in his book on Homœopathic Philosophy pp. 94) is also of opinion that "the primary error consisted in regarding psora as merely a dyscrasia or diathesis, which is directly opposed to what Hahnemann taught as we now understand it. Instead of regarding Psora as a dyscrasia Hahnemann included several of the dyscrasia among the morbid conditions and diseases caused by psora.

Is Homœopathic treatment a constitutional treatment? We quote here the remarks of O. Leiser (in his book: *Text-book of Homœopathic Materia Medica.*):

Hahnemann's theory of chronic diseases at first glance has nothing to do with the doctrine of constitutions. In contrast, the division into syphilis, sycosis and psora is distinctly related to exogenous causes of disease. Further, Hahnemann expressly stresses that even the most robust constitution or the healthiest mode of living and diet cannot remove a psora which has once succeeded in getting a foothold and developing in the organism. But the conception of the most robust constitution and the soundest mode of living are too general and inadequate for scientific terminology which must have precise and fixed connotation and denotation. According to Hahnemann only the form

and manifestation of the psora will be modified by the constitution of the individual concerned, furthermore by the influence of the milieu, fate, mode of living and weather influences. As still the three divisions of Hahnemann have become an important part of the conception of constitutional disease and therapy in the homœopathic school, this has its basis in that, according to Hahnemann, the three forms of life damages are so fundamental that they bequeath definite predisposition to disease from generation to generation.

### Psoric Miasm—Its Denotation.

After many years of patient historical and clinical investigations Hahnemann came to the conclusion that the cause of all chronic non-venereal diseases, is an ancient, almostly universally diffused, contagious or infectious-principle embodied in some living parasitical micro-organism, with an incredible capacity for multiplication and growth. Sycotic and Syphilitic miasms can be safely identified with Gonococci and *Spirochæta pallida* respectively; but a great uncertainty and confusion still exist regarding the denotation of psoric miasm.

Hahnemann did not coin the term 'psora' but chose it, *first*, because he found that the original phase of all non-venereal chronic diseases manifested itself mostly on the skin and external parts; and *secondly* because the cutaneous manifestations of the diseases which spring from this cause were accompanied in their original form by intense itching and burning.

From the above it follows that whatever may be the real nature of the miasm that which is found to be causally associated with itches, is surely the miasm responsible for the origin of the disease termed as Psora. There was a lot of confusion about the connotation and denotation of 'itch' as used by Hahnemann. Did he use it as a general term for all sorts of skin troubles or did he mean specifically itch and scabies?

During Hahnemann's time the term 'Psora' was used a general term for a whole series of skin affections of the most varied kinds; and it was also used in the narrower sense to itch proper and scabies. Hence all the confusions; those who took the word itch in a narrower sense jumped at once to the conclusion that itch-mites (*e.g.* *Acarius Scabii* or *Sarcoptes Hominis*) being causally associated with itches and scabies were denoted by Hahnemann as "psoric miasm." Did or did not Hahnemann know about the existence and nature of *Acarius Scabii*—

was the question that troubled many a head after Hahnemann's publication of the book on chronic diseases. That Hahnemann knew the nature of the itch-mite very well and had very sensible ideas on the mode of treatment even in the days when he practised Allopathy, can be ascertained from his translation of Monro's *Materia Medica* (1791) :

...I have often observed this and agree with those who attribute the disease (itch-disease) to a living cause. All insects and worms are killed by sulphuretted hydrogen.

And in the same work Hahnemann again says that the itch is a "living eruption"—It has its origin in small, living insects or mites, which take up their abode in our bodies beneath the epidermis, grow there and increase largely and by their irritation or their creeping about cause itching etc."

In a German daily news-paper, called the Advertiser of July 30 and 31, 1792 Hahnemann wrote :

August Hauptman, Bonomo, Schwiebe, and other trustworthy men have frequently investigated the matter in various seasons of the year, in individuals of different ages and sexes, who have been labouring under itch, and have found these little animals in the skin itself, in the folds of the skin, but especially in the border surrounding the vesicles.

...The cause of the itch given above is the only true one, the only one that is founded upon experience. These exceedingly small animals are a kind of mite etc. He also recommended external lotion of Sulphur which eradicates the itch much more effectually and kills the small insects in the skin in a few days.

This shows clearly that Hahnemann meant something very different by his "psoric miasm" from the ordinary itch-mite, with which he had been acquainted for a long time, even from his pre-homœopathic days.

Hahnemann was not the first to trace all sorts of chronic non-venereal diseases to itch eruptions. This theory was propounded by Autenreith (a Tübingen professor), Schönlein (Autenreith's collaborator), and Wheezel. It is interesting to bear in mind that Hahnemann was severely attacked for his psora-theory, and to no small extent because writers believed that he plagiarised the doctrine.

Thus Hahnemann's "Psora" the so-called internal itch-disease was totally different in his opinion from the external ailment, the ordinary itch-eruption. So "*Acarius Scabii*" are not the supposed "psoric miasm."

When Hahnemann talked of simple itch and itch-mite he advocated external treatment with Sulphur lotion without any bad after-effects ; but when he was talking of 'psora' and the vesicular type of skin eruptions similar to those of itch proper, he was definitely against all external treatments which might suppress the so-called primary symptoms of Psora and lead to appearance of varieties of chronic diseases in course of time.

This view was corroborated by Dr. Burnette and discussed in his book "Change of Life in Women". Therein he mentioned his failure in curing ordinary itches due to 'Acarus Scabii' infection" with potentised doses of Sulphur high, higher and right away into the very high ; and the success of an allopathic doctor with Sulphur ointment and soap and water. After repeated and persistent failures Burnette concluded that the ordinary itch cannot be cured by dynamic medication and the 'Acaria' should be killed on the spot, the sooner, the better. But if the Acaria have called forth an eruption it may not be got rid of by external remedies. He further noted that it is the results of suppressing the constitutional eruptions that have been called forth from their internal lurking, by the Acarii themselves or by their poison that has to be feared. If the cases of itch are carefully watched, it is found that cases of those of tainted constitutions get quite a number of different kinds of eruptions which were potentially there before they were infected with acari. These constitutions have to be mended by proper homœopathic remedies and their eruptions must not be driven in, but the acari must be killed by parasiticides.

Burnette continues "The dangerous results from the suppression of itch are in reality not from the itch itself at all, on the contrary the acari are poisonous little brutes that should be killed instantaneously. These dangerous results are from the driving in of dyscratic eruptions present in the itch-patients, but not due primarily to the itch itself, but pre-existent in the individuals suffering from the itch and not infrequently brought out on to the cutaneous surface by the 'Acarii' or their poison, though not really due thereto.

". . . I now cure the itch, the acarius disease as quickly as possible with sulphur ointment and soap and water, regarding it as a dirty parasitic disease impinging *from without* on to the individual but at the same time do not suppress any concomitant skin trouble which is *from within* the organism, being there before the itch was caught; though very likely

called forth by the irritating influence of Acari; that which is from without is to be cured from without; that which is from within must not be treated from without, but from within."

Though Burnette cleared the confusion between ordinary itch and psoric eruptions he left the question of the denotation of the psoric miasm as uncertain as before. The nature of the psoric miasm eludes our grasp as yet.

### Psoric Miasm and Tubercular Bacilli.

With the growth in knowledge of the Bacteriological science it becomes evident that practically all the diseases known to be due to tubercle-bacillus infection are attributed by Hahnemann to Psora. *Stuart Close* is of opinion that the causative agent is identical, and that the two terms *e.g.* psora and tuberculosis are synonymous. The modern list is growing slowly by additions, from time to time, of other diseases found to be pathologically or bacteriologically related to tuberculosis. It is quite possible that a large part, if not all of the remainder of Hahnemann's list may ultimately be included in the modern list. It is another striking fact that Hahnemann chose Leprosy as the typical form of the ancient protean disease which he named Psora. Modern Bacteriology finds that the bacilli of Leprosy resemble the tubercle bacilli in form, size and staining reactions and that the leper reacts to the tuberculin test and Wasserman Reaction test.

McConkey, through clinical experience, came to believe and taught that heart disease, with or without valvular lesions, diabetes, rheumatism and cancer were tubercular in nature and origin.

Stuart Close likes to fix the denotation of the psoric miasm and identifies it with the Koch's tubercle bacillus. But we think that the time has not yet come to close the debate. Tubercle bacilli are known to produce skin lesions but it is not yet experimentally verified or clinically demonstrated that they produce vesicular itching eruptions similar to those which are supposed to be produced by Hahnemann's psoric miasm.

### Psora and Focal Infection.

Mackenzie has made an interesting attempt to substitute "focal infection" for Psora, implying thereby the identification of the psoric miasms with strepto-staphylo and other pyogenic micro-organisms (vide *Journal of the American Institute of Homœopathy*, 1933, pp. 633, 716).



### **Psoric Miasms and Non-lactose fermenting intestinal Organisms of the Coli-Typhoid group.**

Dr. Edward Bach, L.R.C.P., M.R.C.S., M.B. B.S., D.P.H. carried on his researches in the Immunity School at University College Hospital and come to discover the fact that poisoning from certain organisms in the intestinal tract was the cause of chronic disease and that on the removal of these toxins the so-called chronic complaints disappeared. When he joined the London Homœopathic Hospital in 1919 he was given the "Organon" to read. Bach seemed to have his own ideas confirmed by Hahnemann. He concluded that psora and intestinal toxæmia were identical.

In 1926 Bach published his book *Chronic Disease: A working Hypothesis*, written in collaboration with Dr. C. E. Wheeler of London, who had assisted him in his researches at London Homœopathic Hospital. Their conclusions may be summarised thus :

Chronic intestinal toxæmia, from the non-lactose fermenting organisms (e.g. *B. Proteas*, *B. Dysentery*, *B. Morgan*, *B. Fœcalis Alkaligenes*, *B. Coli Mutabile*, *B. Gœrtner* and *B. No. 7*), lowers general bacterial resistance (possibly through its effect on endocrine secretion balance); consequently local bacterial infections are almost certain to occur. Consequently a lowered resistance to the commoner pathogenic organisms e.g. streptococci, staphylococci, *m. catarrhalis* etc., may be really dependent on an underlying poisoning from intestinal organisms. The local manifestations may vary with the special local susceptibility and site of invasion. Resistance to organisms appears to be made up of factors of general resistance and specific resistance. The suggestion made is that the intestinal poisoning affects the factor of general (non-specific) resistance and that the specific resistances are insufficient to produce speedy recovery when the "general" factor is impaired. Thus the intestinal toxæmia lowers the non-specific general resistance rendering the organism susceptible to secondary infections. During Bach's time vaccine therapy was coming into prominence—the principle involved being the enhancement of body resistance powers. When chronic catarrhs and focal infections are present, autogenous (or stock vaccines) made from the focal organisms are often brilliantly successful. Nevertheless quite frequently they fail. If, when failure occurs, search is made for those non-lactose fermenting intestinal organisms and combined vaccines (fœcal and local) will far more often succeed than local alone.

Or sometimes a foecal vaccine alone will often put an end to local troubles, suggesting that the resistance factors controlled by the foecal toxins are the more important and that if they are raised in value the greater part of the work of cure is thereby effected. The best method, we find, is to use a mixed vaccine, intestinal and local and so deal with all the factors of ill-health simultaneously. The results of this two-fold vaccination will be found most satisfactory.

Hahnemann's ideas about treating chronic diseases with similarly indicated homœopathic remedies during their acute phases of manifestation and with the deeper-acting antipsoric remedies in the interval for radical cure—find their corroboration in Bach's bacteriological approach to the study and treatment of chronic diseases.

Bach then proceeded to prepare vaccines from these intestinal organisms by the homœopathic method of preparation and gave them to patients by the mouth as medicines.

Bach was at the same time working out the 'mentals' or type of personality of the patients in each of whom one of the seven bacterial groups predominated, and he found definite types belonging to each group. The seven bacterial groups corresponded to seven different and definite human personalities. Thus Bach was successful in interpreting completely Hahnemann's Psora-theory in terms of Immunity and Bacteriology. Dr. Bach was ably supported by Dr. Wheeler and Dr. Dishington. Dr. Paterson of Glasgow has taken up Bach's line of researches. He has succeeded in outlining the clinical picture corresponding to each of these "Bowel Nosodes"; and has demonstrated that these non-lactose fermenting organisms of the bowel are related to disease on the one hand, to the homœopathic remedies on the other. (Vide *The British Homœopathic Journal*, July 1950—*The Bowel Nosodes* by John Paterson, M.B., CH. B., D. P. H. F. F. HOM). Thus Dr. Bach, Wheeler, Dishington and Paterson have attempted to identify "psoric miasm" with non-lactose fermenting bacilli naturally residing almost non-pathogenetically in the intestines of the human beings.

Considering and weighing the pros and cons of the various suggestions put forward by different writers it may be safely stated that the identification of the psoric miasm has not been fixed yet though each suggestion bears a glimpse of truth.

### The Identification of Psoric Miasm—A Suggestion

A suggestion is offered for what it's worth might be. Further developments in Bacteriological science may, one day, discover a certain particular type of bacterium which might closely fit in with Hahnemann's miasm ; or a particular type of 'Virus' may be discovered corresponding to the said psoric miasm. All the other specific bacteria may be shown to play the part of secondary infection in relation to that particular virus. As for instance, the strepto and staphylococci are known to play the part of secondary infection in relation to the primary infection with tubercle bacillus. The tubercle bacilli might, on their turn, turn out to be playing a secondary role to that supposed primary 'virus' infection. In fact, F. R. Fraser, M. D., M. R. C. P. writers (in *Surveys and Extracts 1935, British Encyclopædia of Medical Practice.*) : "The curious association of a virus with a bacterium in swine influenza suggests that both types of infecting agents may be necessary to produce disease".

The fact of transmutation of a species may be clearly established as the work of Hadley and others suggest : Cocci become rods, and rods, cocci or spirals ; forms of growth change overnight ; motility is lost and regained ; fermentation reactions are modified by time and opportunity ; spore-formers become sporeless ; hæmolytic activities may come and go ; capsulated bacteria lose their capsules ; and capsules are gained by non-capsulated forms ; antigenic power vanishes and reappears ; cultures become spontaneously agglutinative or fail to agglutinate ; virulent cultures become harmless and harmless cultures virulent." (Cf. McGavak: *The Homœopathic Principles in Therapeutics*, pp. 67).

Or the much-maligned *Acarus Scabii* might be shown to embody the required "living virus" and to act as carriers or transmitters like the mosquitoes and flea with regard to specific infecting organism ; and the supposed living virus might be identified as the common ancestor of so many different micro-organisms associated with different specific diseased conditions.

The Hahnemannian conception of the psoric miasm might have anticipated the future researches in the field of medicine in general and bacteriology in particular. And the bone of contention which has yet kept the two schools of medicine wide apart might lose its significance and justification in future.

Might it not be the fact that the Tubercle bacillus represent the Psoric Miasm ? Or might it not be the case that some virus may, in future, be discovered and indentified as the common ancestor of all the cocci, bacilli and spirilla which might correspond to the Hahnemannian Psoric Miasm ? Or are the non-lactose fermenting organism of the Coli-Typhoid group covered by the generic name of Psoric miasm ?

Many of Hahnemann's dictums have been found to be anticipations of facts discovered and explained by the so-called modern scientific medicine ; and it stands to reason why this grandest conception of Hahnemann should find its corroboration in future.

### **Hahnemann's Theory of Chronic Diseases and Allergy.**

Hahnemann's ideas regarding the theory and nature of chronic diseases are further corroborated by the modern investigators in the field of Allergy.

The following facts are worth noting :

(1) An organism, once inoculated, remains, for ever, in a state of hypersensitivity and responds with varying symptoms of a local and general nature to renewed contact with even minute doses not only of the original but also of a similar or related antigen—*e.g.*, a typhoid fever serum agglutinates also paratyphoid bacilli ; an infection with measles predisposes to tuberculosis ; sensitization by Koch's bacillus increases the susceptibility to strepto-coccal and staphylococcal infections.

(2) The pathologic (anaphylactic) type of response may be likened to what happens when the sensitised organism responds with symptoms of illness to a renewed contact with the exogenous pathogenetic factor.

(3) The immunity type of response may be considered as analogous to the effect of the isopathic or homœopathic remedy which is supposed to raise the body resistance to infections by vital stimulation.

In the light of these facts Hahnemann's contention appears quite logical and understandable that in the train of one original infection a never-ending stream of all sorts and kinds of ailments ensues, particularly so when factors of mixed infections and the effects of drugs and suppression add their complications to the picture.

So we can take psora in the sense of an original sensitization which results in various phenomena of hypersensitivity, one of which happens

to be a lowered resistance of the skin to an invasion of the "*Acarus Scabii*." Hahnemann emphasises that the abuse of drugs also establishes a disturbance of the human economy quite analogous to the effect of the chronic miasmatic states of the organism.

All extra-human factors, drugs, improper foods, bacteria physical forces alike, being potential disease producers are also capable of creating what Homœopathy calls the miasmatic state—namely, a continued steady progression, under various guises, of the original pathology or a weakened resistance to the original or a similar infecting agent.

There must also be a cause within us, to stop our counteraction against the outside force-process thereby allowing for what we may term the first or primary illness or infection, which prepares the ground for others to follow.

Our mental personality (consisting of thoughts and feelings) sets up an inner state which is similar to the potential effect of the outer energy ; since the inner and outer resemble each other, we no longer may oppose the outer. The barriers are down for an extension of the extra-human process into our interior. The bacterial invasion is secondary to the miasmatic disposition derived from the mental and emotional configuration or from the chronic hypersensitivity resulting from earlier sensitization.

In the case of what we may call secondary acute exacerbations of the chronic miasmatic illness the internal hypersensitivity is the pertinent factor ; only a constitutional treatment can be of real help. The term "Miasm" can be taken from a wider view point, in the sense of a sum total of all the factors (exogenous and endogenous, psychological, biological and chemico-physical etc.) in the production of diseased conditions, of which the living micro-organism factor can, of course, never be excluded in case of many acute or chronic diseases.

In the long run Hahnemann's miasmatic conception turn out to be that of infection as it is understood in orthodox medicine. From this point of view his *prosa* theory, forms in point of fact, not only a completion of the law of similars, but also an improvement and a perfection of the homœopathic science of healing in general, and indeed the coping stone in Hahnemann's structure of healing art.

### **Hahnemann's Theory of Chronic Diseases and Bacteriology.**

One pertinent question may be asked here, as to why Hahnemann, instead of being hailed as the father of Bacteriology, was, on the contrary, further discredited by all and sundry after the discoveries and researches of Pasteur and Koch in the field of bacteriology?

A bit of medical history would supply the answer. Eighteenth century medicine was dominated by fancies and speculations and loathsome and torturesome therapeutic practices. Theories about the etiology of diseases were about as many as there were men professing medicine. The European medical world was tired of vain hypotheses and was casting its weary look in search of some definite, tangible, demonstrable and verifiable proofs for its assertions. The discovery of specific micro-organisms for specific diseases seemed to take them to the promised land of scientific medicine for which they aspired so long. Hahnemann appeared on the scene towards the last decade of the 18th century and sought to bring about a revolution in the medical world with his new ideas of Life-force, diseases and drug therapy. His discovery of acute and chronic miasms proved a hard nut for his contemporaries to crack though conception of, at least, some diseases due to miasmatic (bacterial) infection was just dawning on them. But his ideas about miasms (in a wider sense), infection, a symptomatic latency of infection, idiosyncracies and hypersensitiveness on the part of the patient—all seemed a failure to make an impression on his contemporaries as he could not substantiate his claims by experimental verifications which alone seemed to catch their imaginations so fast. His semi-scientific and semi-philosophical conception of miasms was laughed at by his contemporaries. So when they got something tangible through the efforts of microbe-hunters, not only did they throw overboard his theory concerning the ætiology of diseases but along with that tried to reject his most rational and humane form of drug-therapy. So when Pasteur and Koch (coming about half-a-century after him) proved to the hilt the relation (not necessarily causal in the strictly logical sense of the term) of specific micro-organisms with specific diseases the whole medical world thought they had found the missing link so long sought after. But in their zeal for new discoveries they forgot that it was common fate of all new scientific facts to be exploited prematurely in practice. Not content to wait for fuller knowledge men hastily drew conclusions from imperfect data and often they took long years to realise their mistake and retrace

their path. In the eager quest for the specific bacterial causes of the various diseases the principles of logic has not always been followed and applied and particularly that principle known as the Law of Causation which teaches that every effect has a number of causes, of which the specific cause is only the proximate or most nearly related in the preceding series. It also teaches that the specific cause may be modified in its action on the subject by collateral causes or conditions affecting both the subject and the antecedent causes so that no specific cause can be said to act unconditionally. It follows that micro-organisms as causes of individual diseases are not the whole, unconditioned cause. They are reduced in rank to an equality with constitution, heredity, predisposition and environment. Since the micro-organisms is only one of the many causes of diseases, the curative remedy for the concrete resulting disease in the individual must correspond to the combined effects of the various causes. As the individual case of every disease vary in their causes and conditions and consequently in their symptoms or effects, there can be no common specific remedy for a disease. Thus mere bacteriology can never serve as a basis for reliable and efficient therapeutics for an individual. The so-called modern scientific school of medicine is slowly but surely realising the futility of the slogan "Kill the bacteria and cure the disease."

That the pendulum is swinging back to its original position is corroborated by the following writings of Sir H. Rolleston in his masterly introduction to the British Encyclopædia of Medical Practice (1936) :

"In considering the cause of disease attention should be, but is not always sufficiently, paid to both the (a) "soil" or the constitution of the patient and (b) the seed, such as germs or worms. Until the second half of the last century the conceptions of diathesis (a persisting morbid tendency) and of constitution (the make-up of the body) with its hereditary and acquired liability to reaction, were the common places of everyday in practice. But when bacteriological investigations proved that many diseases were directly caused by and could not develop in the absence of specific germs, the somewhat intangible factors of diathesis and constitution thus contrasted with visible micro-organisms became overshadowed and *until recently* neglected."

### **A Critical Estimate of Hahnemann's Psora Theory.**

Thus it is our considered opinion that Hahnemann used the terms "Psora" and "Miasm" with their respective definite connotation and

denotation. Many of his followers, immediate and remote, misunderstood him and thought, somehow, that the acceptance of the existence of bacteria and of their causal relation with diseased conditions would jeopardise the validity of the Law of Similars and the very basis of Homœopathy, its orientation and outlook.

Dr. J. H. Allen (author of "Chronic Miasms") and Dr. J. T. Kent—however brilliant their expositions of the fundamental tenets of Homœopathy are—have begged the very question they sought to answer in connection with the Psora Theory. Our readers are hereby requested to consult the works of Stuart Close, G. Boerick, McGavak, Lin Byodd, O. Leeser, Wheeler etc., and to judge for themselves the validity of our presentation of this highly controversial subject.

Now that the salient points regarding the Psora-theory have been discussed it remains to pronounce our verdict on its validity. It is presumed that Hahnemann's Psora theory is not wrong but incomprehensive and tainted, to a certain extent, with some unwarranted assumptions, dogmatic assertions, obscurity of conceptions, undue generalisations, incomplete formulations and some arguing in a vicious circle. It is to be noted that since the first publication of Hahnemann's book on chronic disease we do not find a single Homœopathic physician of repute (excepting his two disciples—Stapf and Gross) who endorsed Hahnemann's views in toto. Another fact is also to be borne in mind that the basic principle of Homœopathy *i.e.*, the Law of Similars, does not stand or fall with the Psora theory. It is very aptly remarked by Dudgeon in his "Lectures on Homœopathy" that "it is not a doctrine coeval with the promulgation of the Homœopathic principle, but an after-thought, not developed until thirty-two years later and as we might give credence to it, like Auteureith, Schœnlein and others, without being homœopaths, so we might reject it without losing any of our claims to that title." Some are of opinion that there can be nothing more paradoxical than the fact that Hahnemann, the promulgator of the Medicine of Experience should end in being an enthusiastic inventor of a highly speculative theory like the Psora theory. Some note that it is remarkable how extremes meet in Hahnemann's mental organisation. In his homœopathic Law, we find the principle of extreme individualisation, whilst the Psora theory is an illustration of the opposite extreme of generalisation.



## HAHNEMANN'S PSORA THEORY IMPLIES THE FOLLOWING :

1. Seven-eighths of all chronic diseases are the consequence of an infection with a skin disease, that has been driven off or removed by external treatment.
2. The skin disease is identical with what we call itch though it presents itself under many different forms.
3. Every infectious chronic disease is a scabies or a degeneration of it.
4. None of these seven-eighths of all chronic diseases are curable, save by the use of a certain set of medicines that were mostly unknown or unused before Hahnemann's time.
5. Itch, properly so-called and all the varieties of skin diseases, Hahnemann includes under that term, are only safely curable by internal remedies and their treatment by external remedies is fraught with the greatest danger to the patient.

## CRITICAL EXAMINATION OF THE ABOVE ITEMS :

1. It sounds very dogmatic to assert by one individual observer, however vast his personal experience might be, about the relative incidence of the different types of diseases affecting human beings.

2 and 3. Regarding the origin of chronic diseases from itch eruptions Dudgeon wrote : "I think it must be obvious to all who have carefully studied the evidence Hahnemann adduces in support of his this doctrine that he fails most signally in proving his point. In the first place his diagnosis of the disease is of the loosest. He treats with contempt the division of skin diseases into different species, so carefully drawn by the dermatologists ; and in the ninety-seven instances he takes from allopathic writers of the production of a serious disease after externally treated psora, he includes all manner of skin diseases, many of which have not the slightest claim to be considered of a scabious nature. Every cutaneous disease that itches, and when scratched burns, more especially if it can be suspected of being contagious, is identical with itch according to Hahnemann." This is one more instance of Hahnemann's mental trend of undue generalisation which does not stand scientific scrutiny.

Otto Leaser aptly remarks in his Text-book of Homœopathic Materia Medica : "Although one does not have the impression of a 'loquacitas

senilis,' there is the ring of incompletely formulated mental sequences. Only in a type of summary has Hahnemann finished these thoughts and then, capricious as he was, attributed itch as the cause of psora and therewith the majority of chronic diseases. He gave the most unimportant aspect of the entire psora-theory an excessive accent and there was and still is the danger that the good is cast away with the bad, that is, in this instance that theoretically and practically important thoughts on the relations of chronic diseases remain unconsidered".

Many eminent homœopaths viz. Dudgeon, Hughes, Burnette, etc., openly declared that they had never succeeded in the very slightest degree to cure itch proper or scabies with potentized homœopathic remedies. The undue emphasis on the itch laid upon by Hahnemann may be due to the fact that at the time when Hahnemann thought of Psora-theory the whole of Europe was infected with itch to an unprecedented extent in consequence of the vast military operations all over the continent.

Further Hahnemann distinctly alleges that every person affected with a non-venereal chronic disease must, at one period of his life, have had the itch at one time or another, however slightly; and he argues in a most vicious circle on this point. Certain medicines (anti-psoric) cure chronic diseases in persons who had avowedly itch; and so he infers that all those patients must have had itches at one time previously, because they are cured with antipsoric medicines.

Thus the psora-theory, viewed as a mere theory of the origin of the most of the chronic diseases from itch is by no means capable of being proved, and the occurrence of the itching of the skin or eruptions thereon cannot be regarded as a proof positive of the previous existence of itch.

4. Hahnemann's talks of the utter inefficiency of treatment of chronic diseases with non-antipsoric remedies are exaggerations; for there is no doubt that chronic diseases were cured by Hahnemann himself, as we learn from many cases detailed in his "Lesser writing", before his discovery of the Psora-theory and before he knew a single so-called antipsoric medicine.

5. Credit must be given to the phenomenal clinical intuition of Hahnemann in discovering a reciprocal relation between skin lesions and affections of internal organs and tissues; and also in discovering the fact that any attempt to treat the cutaneous part of the disease is merely a

palliative one with all the irrationality, difficulties and dangers inherent in the palliative method of treatment.

Much has been said regarding Hahnemann's classification of the sources of chronic diseases. But this classification loses much of its value from the therapeutic side as the division of the drugs into anti-psorics, anti-syphilitics or anti-sycotics fails due to over-lapping (*i.e.* one and the same drug is found to be both anti-psoric, anti-syphilitic or anti-sycotic). Hahnemann saved Homœopathy from decline as he held fast to his previous ideas of strict individualisation of drugs and patients for actual selection of remedies according to the Law of Similars.

After the promulgation of the Psora-theory by Hahnemann Homœopathy came to be regarded as a principal mode of constitutional therapy. But an impartial scrutiny of psora-theory of chronic diseases, at first glance, goes to affirm that it has nothing to do with the doctrine of constitution. In contrast the division into syphilis, sycosis and psora is distinctly related to exogenous causes of diseases. Further Hahnemann expressly stresses that even the most robust constitution cannot remove a psora which has once succeeded in getting a foot-hold in the organism. According to him only the form and manifestation of psora will be modified by the constitution of the individual concerned, further more by the influence of mode of living, weather conditions etc. Thus we find that Hahnemann's conception of the most robust constitution and the soundest mode of living are too general and vague for the scientific terminology. Here is a big gap and incomplete formulation in Hahnemann's theory of chronic diseases. In fact, after Hahnemann the limits of psora has been drawn so wide that it practically included the predisposition to almost all chronic diseases. But the one great defect of all these doctrines of constitution is that they are all over-constructed ; and they are not co-extensive with the whole sphere of thought and existence regarding all the possible diseases. These constitutional types overlap and do not afford a precise indication for selecting the "Similimum" drug according to the Law of Similars. Homœopathy cannot afford to lose its strict principle of individualisation either of drugs or of patients.

The psora-doctrine has done another harm indirectly. By accepting Psora as a general morbid condition precedent the general homœopathic practitioners shut themselves out from further investigating the causes of diseases. Anti-psoric medicines are mainly remedies of very deep action. But the too-facile psora-theory has led to much careless treatment and

Sulphur-giving, to eradicate the presumed psoric virus, in many cases where Sulphur was not indicated.

But the psora-theory has not been without a beneficial influence on Homœopathic practice, for it has led us to enquire more carefully into the antecedents of diseases and not to rest content with a mere comparison of the symptoms actually present with recorded effects of medicines ; into the biological evolution of diseases and unity of diseases into reciprocal relation betwixt the skin and internal organs ; and into the doctrine of dose and modes of employing the medicines ; and finally, to it we are indebted for a large array of very useful medicines of a wide sphere of action.

The greatest contribution of Hahnemann through this Psora theory consists in asserting :

- (1) That the conception of Psora is more a statement of fact than a theory ;
- (2) That chronic diseases like all acute contagious diseases depend on a "Contagium Vivum" when his contemporaries did not think of 'living agents' as causative factors for diseases ;
- (3) That skin diseases may have systemic infections and systemic diseases may have skin lesions ; and the skin is an immunising organ and the cutaneous eruptions should not be treated too violently ;
- (4) That this theory has paved the way for conception of miasmatic states in a wider sense than that of bacterial infection promulgated by Pasteur and Koch ;
- (5) That this theory helped the pioneering work in the field of preventive medicine after solving the mystery of incidence of epidemic diseases.

### The Symptoms and Characteristics of the Three Chronic Miasmatic Maladies

#### PSORA :

1. It produces functional disturbances.
2. A psoric patient is always afraid of dying but lives on for years.
3. The pains of psora are relieved by warmth.
4. Oversensitive patient ; all kinds of functional complaints often arising from emotional disturbances.
5. Sensitive to noise, to light and to odours.

6. Itchings. Skin dry, unwashed appearing with numerous eruptions.
7. Itching > by scratching, but skin burns and smarts afterwards.
8. Hands and feet burn, flushes of heat, especially over face.
9. Vertigo.
10. Headache > lying down.
11. Always hungry < after eating ; a bloating sensation that is sensitive to touch.
12. Desires hot foods and meats.
13. Constipation.
14. Morning diarrhoea.
15. Cannot stand still ; the patient must walk or lean against something if he is on his feet.
16. Susceptibility to cold.
17. Complaints > by heat ; < winter ; > summer.

#### LATENT PSORIC PATIENT:

1. Mentally alert and quick and active in his motions ; but easily fatigued both mentally and physically.
2. Fatigue causes a desire to lie down and a dread to undertake anything requiring mental and physical exertion.
3. Depressed and not accustomed to silent suffering.
4. Cannot concentrate—subject to fits of anger.
5. He worries and fears something.
6. > by crying or natural eliminative functions.

#### THE SYCOTIC PATIENT :

1. Diseases associated with proliferation and infiltrations of tissues.
2. One that meets with sudden death.
3. The pains are > from dryness.
4. Suspicious, cross and irritable, deceitful, jealous, cruel and vindictive.
5. Slow recovery of all complaints.
6. Warty growths and gouty concretions.
7. Valvular diseases of the heart *e.g.*, rheumatic heart.
8. Desires food hot or cold ; meat <.
9. Complaints > by abnormal discharges (*e.g.* leucorrhœa, coryza etc.) Discharges acrid, corroding the parts, characteristic odour.
10. Pelvic inflammations and rheumatic troubles with much stiffness and soreness and ∠ in cold damp weather.

11. Complaints < while resting ; > by moving or stretching.
12. Cystic conditions of ovaries, enlarged turbinates, nævi, thick or deformed nails.
13. Too much or prematurely gray hair.

#### THE SYPHILITIC PATIENT :

1. Diseases associated with ulceration and destruction of tissues.
2. Silent type of patient that goes out and commits suicide.
3. Pains are > from cooling.
4. Dull, stupid, stubborn, sullen, morose and usually suspicious, sulky.
5. Fixed ideas and one cannot reason with them.
6. Melancholic and condemn themselves.
7. Slow comprehension and forgetful.
8. Complaints < at night, restless and anxious.
9. Complaints < at summer, > in winter.
10. Ulceration and discharge of pus with offensive odour but it ameliorates the complaints.
11. Eruptions crusty and oozing pus.
12. Skin greasy and sweaty ; much offensive odour.
13. Hair tends to fall out.
14. Desires cold food—aversion to meat.
15. Bone pains—deformities—gangrenous conditions.

#### SEC. 74 to 76.

#### Drug Diseases.

Hahnemann was the first physician who studied the actions of drugs on living organisms from a synthetic outlook. He was the first to proclaim that drugs like natural morbidic agents produce diseases. So he was the first to notice the origin and maintenance of chronic diseases produced by the prolonged use of active drugs in large doses during the allopathic treatment of patients. The result may be two-fold :

1. The vital energy may be weakened to a dangerous extent leading to death of the patient

or 2. If the vital energy be not completely over-powered, it is gradually abnormally deranged in such a way that gross structural and permanent functional changes are produced in the living body in order to

preserve the organism from complete destruction of life by "the ever-renewed, hostile assaults of such destructive drug-forces."

Hahnemann names these states of the body as non-miasmatic chronic diseases for the treatment of which even homœopathy, he asserts, is not sufficient and can only be cured by the vital force itself if it has not already been too much weakened by such hurtful therapeutic practices *e.g.* the allopathic mode of treatment.

Here Hahnemann goes so far as to restrict the scope of Homœopathy to the treatment of natural diseases only. Of course doses of drugs used now-a-days are not so large as were in Hahnemann's time ; but due to the discovery of far more active alkaloids and synthetic drugs the result is the same, if not worse.

#### SEC. 77.

#### **Diseases Inappropriately Named Chronic.**

Besides chronic miasmatic and drug-diseases Hahnemann mentions here another group of disease-conditions which simulate real chronic diseases and which occur in persons who

1. expose themselves continually to avoidable noxious influences ;
2. are in the habit of indulging in injurious liquors or aliments ;
3. are addicted to dissipation of many kinds which undermine the health ;
4. undergo prolonged abstinence from things that are necessary for the support of life ; (c.f. Vitaminic deficiency diseases)
5. reside in unhealthy localities, especially, marshy districts ; are housed in cellars or other confined dwellings, are deprived of exercise or open air ;
6. ruin their health by over-exertion of body or mind ;
- or 7. live in a constant state of worry, etc.

These states of ill health which persons bring upon themselves disappear spontaneously under an improved mode of living without administration of specific drug-stimulus—hence they are called false or pseudo-chronic diseases.

#### SEC. 82.

#### **Caution in the Treatment of Chronic Diseases.**

Though the Psora theory throws a flood of light on the origin, course and termination of acute and chronic diseases, Homœopathy cannot

afford to lose the principle of strict individualisation of cases and drugs for treatment purposes.

The Psora theory has widened our conception of disease so that while investigating diseases some difference is to be made when the affection is an acute and rapidly developed disease, and when it is a chronic one.

In acute diseases, the chief symptoms are very prominent and impress on our senses quickly and hence much less time is requisite for tracing the full picture of the disease and much fewer questions are to be asked as almost everything is self-evident. In acute diseases the evolution of symptoms is also quick.

Whereas in chronic diseases the symptoms take a slow evolutionary pace covering months and years and the investigation must be detailed and painstaking and as thorough and searching as possible, covering the past as well as the present conditions of the patient and even tracing the family history on both sides (paternal and maternal) of the individual concerned. Hence the symptoms here, are much more difficult to be ascertained.

Hahnemann refers again to this point in Sec. 99.

## SEC. 83—104.

### **The Individualising Examination of a Case of Disease.**

Hahnemann was the first to point out the fallacy of misplaced concreteness in matters medical. There are no diseases but only diseased individuals. The conception of disease is a convenient mental abstraction for the facility of our understanding, economy of expression and communication of our thoughts to others. Even in our every day thought and language we cannot help but using words which imply abstractions, whether consciously or unconsciously. A patient comes to a physician and complains of headache. He is unconsciously using an expression which is an abstraction from his actual, concrete symptom. He must be feeling some sensation in the head either of an aching, throbbing, pricking, bursting or of burning nature; but he generalises his sensation and expresses it as a headache. While talking of his headache he omits to mention the exact locality in the head where he feels that particular sensation. Again he must have noticed the circumstances under which his headache gets better or worse. But all that he complains to his physician is his headache and the relief he seeks for it. So in order to



get a complete picture of the diseased individual the physician ought not to be satisfied with such generalisations but should adopt a special technique of investigating the symptoms the patient complains about. Thus in Sec. 83 Hahnemann states the requisites for apprehending the picture of the disease. The physician should be (1) free from prejudice ; (2) possessed of sound senses ; (3) correct and complete observer of facts and phenomena ; and (4) faithful in properly recording facts without any omission. It is then he will be in a position to grasp the complete picture of the diseased individual.

#### SEC. 84—99.

### **Instructions to the Physicians for Investigating and Tracing the Picture of the Disease.**

#### THE PHYSICIAN

1. Should listen to the history of the sufferings of the patient as narrated by him ;
2. Should gather all informations from his attendants as regards his complaints, his behaviour and any other abnormalities noticed by them ;
3. Should observe for himself anything abnormal about the patient ;
4. Should write down accurately all that the patient and his attendants have told him in the very expression used by them ;
5. Should keep himself silent and allow them to say all they have to say and refrain from interrupting them unless they wander off to other matters ;
6. Should advise the patient and his relatives at the beginning of the examination to speak slowly, in order that he may take down in writing the important parts of what they say ;
7. Should begin a fresh line with every new symptom told by the patient and his attendants so that he can complete the symptoms later on ;
8. Should revert to each symptom after they have finished talking to make it complete by noting the (a) locality, (b) sensation, (c) modalities and (d) concomittant factors with regard to each symptom ;
9. Should never ask a leading question to the patient ;
10. Should enquire about the mental state of the patient, his likes and dislikes ;

11. Should ask more precise, more special questions if he feels he has not yet gained all the informations he needs.

- E. G.* (a) How often are his bowels moved ?  
 (b) What is the exact character of the stools ?  
 (c) Did the whitish evacuation consist of mucus or fæces ?  
 (d) Had he or had he not pains during the evacuation ?  
 (e) What was their exact character and where were they seated ?  
 (f) What did the patient vomit ?  
 (g) Is the bad taste in the mouth putrid or bitter or sour or what ?  
 (h) Before or after eating or during the repast ?  
 (i) At what period of the day was it worst ? etc. etc.

12. Should make a note of what he himself observes in the patient and ascertain how much of that was peculiar to the patient in his healthy state.

- E. G.* 1. How the patient behaved during the visit—whether he was morose, quarrelsome, hasty, lachrymose, anxious, despairing, or sad or hopeful, calm, etc.  
 2. Whether he was in a drowsy state or in any way dull of comprehension ;  
 3. Whether he spoke hoarsely or in a low tone or incoherently or how otherwise did he talk etc. etc.

## SEC. 91.

### How to Perceive the True Picture of a Disease ?

Drugs produce diseases just as natural morbid agents do. So any patient undergoing treatment with remedial agents (whether applied homœopathically) present symptoms which comprise those due to body's reaction to natural disease-causes as well as those due to body's reactions to drugs employed. At any moment of the course of the disease the picture we get of the patient is a mixed one. In order to get a pure picture of the natural disease we may adopt two ways :

1. We may take into account only those symptoms which the patient suffered from before any treatment with drugs was commenced.

or 2. We may discontinue the treatment for several days and then take the remaining symptoms into account as those due to the body's reaction to natural disease-causes—with the idea that the effects of the drugs must have been eliminated from the system in the meantime.

### **An Outline of Case-taking.**

#### **I. The patient's story.**

II. Modalities as applied to each of the above symptoms in the following order :

(a) Causes. (b) Prodrome, onset, pace, sequence, duration. (c) Character, location, laterality, extension and radiation of pain or sensations. (d) Concomitants and alternations. (e) Aggravation or amelioration.

1. Time (hour, day, night, before or after midnight); periodicity ; seasons ; moon phases.
2. Temperature and weather; Chilly or warm blooded usually, chilly or warm blooded in present illness ; wet, dry, cold or hot weather changes ; storm or thunder-storm (before, during or after) ; hot sun, wind, fog, snow ; open air, warm room, changes from one to other, stuffy crowded places, draughts, warmth of bed, heat of stove, uncovering.
3. Bathing (hot, cold or sea), local application (hot, cold, wet or dry).
4. Rest or motion or (slow rapid ascending or descending, turning in bed, exertion, walking, on first motion, after moving awhile, while moving, after moving), car and sea-sickness.
5. Position : standing, sitting, (knees crossed, rising from sitting), stooping (rising from stooping), lying (on painful side, back, right or left side, abdomen, head high or low, rising from lying), leaning head backward, forward, side-wise, closing or opening eyes, any unusual position such as knee-chest.
6. External stimuli : Touch, hard or light, pressure, rubbing, constriction (clothing etc.), jar, riding, stepping, light, noise, music, conversation, odours.
7. Eating : In general (before, during, after hot or cold food or drink), swallowing (solids, liquids, empty), acids, fats, salt, salty

food, starches, sugar and sweets ; green vegetables, milk, eggs, meat, fish, oysters, onions, beer, liquor, wine, coffee, tea, tobacco, drug etc.

8. Thirst : quantity, frequency, hot, cool, or iced, sour, bitters, etc.
9. Sleep : In general (before, during, on falling asleep, in first sleep, after, on waking.)
10. Menses, (before, during, after or suppressed.)
11. Sweat : Hot or cold, foot-sweat, partial or suppressed.
12. Other discharges : bleeding, coryza, diarrhoea, vomiting, urine, emissions, leucorrhœa, etc., suppression of same.

(f) Strange, rare and peculiar symptoms.

### III. The patient as a whole : Physical Generals and Mental Generals.

#### PHYSICAL GENERALS.

- (a) The constitutional type of the patient
- (b) Ailments from emotions : Suppressions (emotion : discharges such as menses, sweat, leucorrhœa, catarrh, diarrhoea, etc. ; eruptions ; diseases *e.g.* malaria, rheumatic fever, syphilis, gonorrhœa, etc. ; of pathology *e.g.* hæmorrhoids, fistulæ, ulcers, tonsils, tumors, other surgical conditions etc.) ; from exposure to cold, wet, hot sun, etc. from mechanical conditions *e.g.* over-eating, injury, etc.)
- (c) Menses, date of establishment, regularity (early or late), duration, colour, consistency, odour, amount, clots, membrane, pain, (modalities of), concomittants, aggravation or amelioration before, during, or after (both physically and mentally), menopause. (symptoms of.)
- (d) Other discharges : cause, colour, consistency, odour, acrid, or bland, symptoms from suppression of, symptoms alternating with ; hot or cold, partial discharges as of sweat, laterality, better or worse from discharges (before, during or after)
- (e) Sleep : better or worse from, position in, aggravation after, difficulty in getting to sleep, waking frequently or early, at what hour, somnambulism, talking in sleep, dreams, restless during.
- (f) Restlessness, prostration, weakness, trembling, chill, fever etc.
- (g) Aggravations and Ameliorations referring to patient as a whole.

- (h) Objective symptoms *e.g.* redness of orifices, superfluous hair, applying to patient as a whole.
- (i) Pathology, which applies to patient as a whole, *e.g.* tendency to tumors, wens, cysts, polypus, warts, moles—individual and family tendency to certain diseases or weakness of specific organs of tissues [also related to (a) above and to physical examination] frequency of catching cold.

#### MENTAL GENERALS.

- (a) Will: Loves, hates and emotions (suicidal, loathing of life); lasciviousness, revulsion to sex, sexual perversions; fears; greed, eating, money, emotionality. Smoking, drinking, drugs; dreams; homicidal tendencies, desire or aversion to company, family, friends; jealousy, suspicion, obstinacy, contrariness, depression, loquacity, weeping, laughing, impatience, conscientiousness.
- (b) Understanding: Delusions, delirium, hallucinations, mental confusions, loss of time sense.
- (c) Intellect: Memory, concentration, mistakes in writing and speaking.

IV. Quick review of condition of every system and organ beginning with head to foot.

V. Past history of the patient.

VI. Family history.

VII. Physical Examination and Laboratory Tests.

(Adapted from "A Brief Study Course in Homœopathy"  
by Dr. Elizabeth Wright.)

#### SEC. 99—104.

#### **Differentiating points in the Investigation of Acute Diseases, Epidemic and Sporadic Diseases, and Chronic Diseases.**

#### INVESTIGATION OF ACUTE DISEASES.

In acute diseases the symptoms evolve quickly; and the patients remember all of them. The physician certainly requires to know everything in such cases; but he has much less to *inquire into*; the symptoms are for the most part spontaneously detailed to him.

## INVESTIGATION OF EPIDEMIC AND SPORADIC DISEASES.

Hahnemann is against the nosological classification of diseases not because it has no utility but because it is misleading for treatment purposes. In epidemic diseases the disease-cause (whether physical or biological) might be identical or of a nature of a "fixed miasm", giving rise to a general picture of the disease to which all the patients conform to ; but each individual patient adds his quota to this general symptom-complex to make each patient unique and different from other patients. As for example in a cholera epidemic all cholera patients present such a common picture as to render the diagnosis of cholera very easy. But if each individual patient is carefully investigated, enough symptoms might be ascertained to individualise one from the other ; so that ten cholera patients might each require a different remedy which is most similar in symptoms to each of them. Thus treatment by the name of a disease, in a stereotyped way, is not possible in the homœopathic mode of treatment. Individuals vary from each other and even the generic picture of the epidemic disease may vary from year to year. So Hahnemann says "these useless and misused names of diseases ought to have no influence on the practice of a true physician, who knows that he has to judge of and to cure diseases, not according to the similarity of the name of a single one of their symptoms, but according to the totality of the signs of the individual state of each particular patient, whose affection it is his duty carefully to investigate, but never to give a hypothetical guess at it". ...If, however, it is deemed necessary sometimes to make use of names of diseases, in order, when talking about a patient to ordinary persons, to render ourselves intelligible in few words, we ought only to employ them as collective names, and tell them, *e.g.*, the patient has *a kind* of St. Vitus' dance, *a kind* of dropsy, *a kind* of typhus, *a kind* of ague ; but (in order to do away once for all with the mistaken notions these names give rise to) we should never say he has *the* St. Vitus' dance, *the* typhus, *the* dropsy, *the* ague, as there are certainly no diseases of these and similar name of fixed unvarying character" (*vide* Foot-notes to Sec 81).

So Hahnemann recommends to investigate each sporadic and epidemic disease as a new and unknown case and select medicine according to its symptoms similarity.

In epidemic diseases a complete picture of the disease becomes apparent to a physician only when he observes a number of cases during

the epidemic. No disease is fully manifested through symptoms in one individual case. Epidemic diseases may be taken as a proving of a particular noxious agent on a gigantic scale. As a complete picture of a drug-disease is obtained after collating the different groups of symptoms from a good many provers; similarly the complete picture of a natural disease is grasped through observation of a good many persons falling victims to that epidemic disease.

#### INVESTIGATION OF CHRONIC MIASMATIC DISEASES.

Corresponding to Epidemics "the whole array of the symptoms belonging to a miasmatic chronic disease, can only be ascertained from observation of very many single patients affected with such a chronic disease, and without a complete survey and collective picture of these symptoms the medicines capable of curing the whole malady homœopathically (to wit, the antipsoric), cannot be discovered; and these medicines are, at the same time, the true remedies of the several patients suffering from such chronic affections".

#### A Note on the Totality of Symptoms.

##### THE PRINCIPLE.

From Hahnemann downwards every homœopath speaks of the totality of symptoms as the guide for selecting a remedy. Every homœopath speaks of treating the patient and not the diseases. The study of diseases and drug-actions consists of the sum-total of symptoms in every scientific medical system. Both the professional and the laity agree to it. Why is it that Hahnemann was always harping on the 'totality of symptoms'? Evidently he means something more than what is implied on the surface.

Without going into the details of the theory of knowledge (Epistemology) let us confine ourselves to the subject of how we acquire knowledge of the external world, its objects, facts and phenomena. This knowledge we acquire by two-fold mental processes, *viz*, perceptions and conception. Stimuli from the external world reach our mind through the five senses we are endowed with and we perceive a mental presentation of the external world. We come to know intuitively the existence of the external world and its contents. But in order to understand them or to render them intelligible to us another mental faculty is brought into operation. This faculty, popularly known as the 'Reason', works on the data supplied by sense-perceptions, is concerned with formulation

of concepts after going through successively different mental processes of comparison, abstraction, generalisation and naming. As for example, the concept of Man is arrived at through the following successive stages in the exercise of mental faculties: Different individuals or things are compared with one another so that it is found that they possess certain essential attributes in common and they differ in other respects, *e.g.* when we compare different human beings with one another, we find that they agree with one another in possessing the essential attributes "animality" and "rationality" while in other respects, *e.g.*, stature, complexion, honesty, etc. they are different from one another. Thus as a result of comparison, we know what attributes are common and essential as distinguished from what are merely variable and accidental characteristics.

The next step is to *abstract*, *i.e.*, to separate the common and essential characteristics from the variable and accidental ones. Our attention is fixed on the former and withdrawn from the latter. Thus the common and essential attributes, "animality" and "rationality" found in all men are considered separately.

The next step is to *generalise* these common and essential attributes *i.e.*, to show that these attributes are not only to be found in those individuals which we have examined but also in all similar individuals.

The last step is to *give a name* to the generalised group of common and essential attributes. When this is done, it becomes easy for us to retain the general idea in our mind, to reproduce it when necessary and to communicate it to others. Thus the generalised group of essential and common attributes is given the name 'Man'. This process holds good when a name is given to a diseased-condition.

According to some there is no such thing as a *general* idea; all ideas are *particular ideas* of particular things; what is general is only the *name* which is common to all the particular things. The concepts are mere matters of words; they indicate mental abstractions from the concrete reality having objective existence. There are no real things or even general ideas corresponding to them. The class "man" raises in our mind the idea of a particular man. It is impossible to think of 'man' without thinking of some particular human being.

Things are known to us by our senses and are called *presentations* to distinguish them from the ideas or *representations* which we may have when our senses are closed. The world is a continuous flux of changing



events. So our percepts are continuous whereas concepts are discrete and clear-cut. Each concept means just what it singly means and nothing else. The perceptual flux as such, on the contrary, means nothing and is but what it immediately is. Percepts make us know the existence of the external world whereas concepts make the world understandable or intelligible to us.

Thus we understand the relative worth of perceptual and conceptual knowledge as well as the limitations of scientific knowledge. Hahnemann wanted to base his system of therapeutics on the solid rock of perceptual knowledge of facts. This sort of study might be vague but none the less truer and approaching nearer to the concrete factual reality. He wanted us to study the disease symptoms and drug-symptoms from the perceptual point of view *i. e.*, the symptoms as unique, alogical facts transcending the logical conceptions involved in them which are studied through Physiology and Pathology. Sense-perception without conception is blind and conception without perception is empty. We have to develop a faculty of integral knowledge in which perceptions and conceptions are held together in an indivisible totality or whole.

When Hahnemann talks of "totality of symptoms" he means neither the arithmetical sum nor the conceptual whole covering the generalised aspect of symptoms but this sort of intuitive grasp of the symptoms in their integrality. This intuitive faculty which is the perceptual faculty at a higher level does not come by itself; knowledge proceeds from perception, gets systematised and clarified through conceptions by a process of analysis and finally gets synthesised through this intuitive faculty to fit the particulars in the general setting.

As the different branches of science are all conceptual studies they have got to be supplemented by this intuitive knowledge to bring the reality nearer to our mind. Herein lies the difference between Hahnemann's method of study with that of the old school system. He keeps the study of man in health or disease and drug actions down to the descriptive level—and does not study disease which is separated from man only through our intellectual processes. This is the full import of our oft-quoted slogan "Homœopathy treats the patient and not the disease."

#### THE TECHNIQUE OF ASCERTAINING THE "TOTALITY OF SYMPTOMS."

The orthodox system of medicine excels in diagnosis of diseases whereas Hahnemann's system specialises in diagnosing the individual

patient and treating him. While physicians have to face both concrete reality and scientific abstractions Hahnemann discovered a technique to realise thereby the difficult feat of building up a science of the particular—the individual. Before the advent of Hahnemann all physicians were (and the allopaths even now) in the habit of using the expedient of indiscriminately applying their scientific knowledge to each patient, as for instance, a salesman trying to fit the same ready-made coat to people of different sizes. But they did not really fulfil their duty unless they discovered the specific peculiarities of each patient. So Hahnemann had to discover a technique whereby the individual sick man would be caught up in the net of his mode of observation and examination of the patient.

This technique involves a novel method of observation of the patient whereby is noted the general aspects as well as the particular aspects in the setting of the general<sup>s</sup>, which characterise the uniqueness of the individual.

Disease is deviation from the state of health of the human organism. Health implies the state of complete physical, mental and social well-being. A diseased individual manifests his state of ill-health by perceptible sensorial, functional and organic symptoms. We perceive the flux of this symptom-complex through our senses. Suited to the individualistic approach a special technique of observation is adopted. Symptoms are recorded in the language of the patient who only narrates his perceptual flux of sensations. Thus are avoided technical conceptual terms—the abstractions made and named out of the perceptual flux. Other mental faculties are brought to play on the sense-data and sensations are generalised and at the same time particularised or individualised with reference to (1) character of sensation; (2) its locality; (3) its modalities (*i.e.*, circumstances modifying the quality of symptoms in the direction of either aggravation or amelioration) and (4) its other concomittant factors (*i.e.*, the simultaneously or co-existing symptoms).

An example will help to understand the technique: A patient comes to us and complains of headache. He tells of his own perception, no doubt, but he has himself made an unconscious generalisation of himself. There may be various kinds of actual unpleasant sensations in connection with one's head *e.g.*, burning sensation, throbbing sensation, pressing, bursting, tearing or stitching sensations. The patient himself generalises these different sensations and formulates a conception which he names as 'headache'. But the physician wants the actual, particular type of sensation complained of by the patient. Next he wants to further particularise

the patient's characteristic sensation with regard to the exact locality when he feels the said particular type of pain. Still the perception of the factual reality is not complete. A living man is always to be studied in relation to his environment. There are continuous actions and reactions going on between the individual and the environment. In order to complete the patient's perception Hahnemann wants us to extend our observation in all directions and he hit upon the technique of finding the modalities of a symptom through closely questioning the patient. On the one hand these modalities serve to give us the fuller perception of factual reality ; on the other they serve to particularise or individualise the symptom. Same thing can be spoken about the noting of *concomitant factors*. Co-existence of several common or generalised symptoms serves to individualise a symptom-complex e.g., headache is a general symptom and diarrhoea is another. But the association or alternation of these two general symptoms serves to make that symptom-complex peculiar, unique or individualistic. This is how a single symptom is studied to bring out its totality.

A single symptom is more than a single fact ; it is a fact with its history, its origin, its location, its progress or direction and its conditions. Such an integration of percepts and concepts is implied by the notion of the "totality of symptoms." The same principle works with reference to the sum-total of symptoms complained of by the patient. Out of the chaotic flux of symptoms, a sorting of symptoms is somewhat attempted—into generals and particular and then again setting the particulars in the frame-work of generals. As an individual preserves its uniqueness in the setting of the universals so a Homœopath proceeds to identify a diseased individual by sorting his symptoms into generals and particulars and then by attempting to realise the integration of particular symptoms with the common symptoms after placing them in the frame-work of generals. The totality of symptoms implies this process of mental integration whereby nearest approach to the concrete factual reality is effected.

The *totality of symptoms* is not, therefore, a mere haphazard, fortuitous jumble of symptoms thrown together, any more than a similar haphazard collection of pathogenetic symptoms in a proving that constitutes the Homœopathic Materia Medica.

Totality of symptoms implies not merely a numerical aggregate of all the symptoms but it relates to the synthetic comprehension of a concrete individual picture of the patient through logical combination of general (*i.e.* symptoms—mental and physical referred to the patient as a whole),

particular (*i.e.* referring to particular organs, tissues or parts of the body) and distinctive or individualising peculiar symptoms (*i.e.* strange, rare, and uncommon symptoms which can be fitted into the frame-work of any concept and therefore based on perception) as manifested by the patient.

Thus to bring out the totality of symptoms in a patient is a work of Art, like picture, which expresses an idea—diagnostic idea and therapeutic idea. The study of a complete picture implies the study of the form as a whole as well as the study of the different parts of the picture constituting the whole and their mutual right inter-relation and right proportions to the whole. Applying this principle to the study of natural disease-picture or drug-picture, Hahnemann developed the technique of this individualising examination of a case of disease in the form of noting (1) Mental general symptoms; (2) Physical general symptoms, (3) Symptoms referring to every part of the body according to the anatomical schema, with all their modalities and strange, rare and uncommon symptoms characteristic of the individual and incapable of putting under any conceptual schema.

Thus we notice how percepts and concepts are made to play in each others hand in the art of Homœopathy to individualise diseases as well as drug-pictures and in a way concepts are made subservient to percepts to keep always in view the integral idea of the individual and closest approximation of mental ideas to factual realities.

#### SEC. 105—145.

### **The Knowledge of the Instruments Adapted for the Cure of the Natural Disease, the Pathogenetic Powers of Medicines.**

Homœopathy is primarily a healing art. The conditions essential for the successful use of this art are two-fold :

1. The scope and limits of this art should be clearly defined and well-understood, in order that no attempt be made to exercise the art under circumstances which do not call for it, and which would necessarily procure success.

2. A thorough familiarity with the tools or implements of the art; the origin, nature, powers and capabilities of each and their relations to each other. This knowledge would teach us properly to select our tools according to the work we have to perform.

### THE PRACTITIONER OF MEDICINE, PERFORMS MANY FUNCTIONS :

(1) As a diagnostician; (2) As a prognosticator; (3) As a surgeon; (4) As a Chemist; (5) As a hygienist and (6) As a therapist—by introducing into the organism of the patient certain substances from the external world which have the power of producing special modification in the condition of the organism and by means of these modifications he aims to cause the diseased action of the organism to cease and to be supplanted by the normal and healthy action.

So the physician, as a therapist, employs certain tools or implements called drugs.

Drugs may be defined, in general, as being any substance which is capable of changing or definitely modifying the mode in which any organ or system of the body performs its functions or of changing or modifying the tissues of the body.

The problems before the therapist for determination are the following :—

1. When these tools are to be employed
2. Their nature, history and properties, collectively and individually.
3. How they are to be used.

As regards the first point Drugs are to be used in cases in which disease persists after the employment of such mechanical, chemical or hygienic measures or all of them, as the laws of physiology may indicate, shall have proved ineffectual or insufficient to change the morbid action of the organism into a healthy action. The employment of drugs must always be secondary and subordinate to a resort to hygienic measures.

As regards the second point, the requisite conditions for the successful employment of drugs in treating sickness are the following :

(a) We must possess substances which are capable of exerting such an influence upon the different organs of the body as to be able to produce definite changes in the mode of actions of the organs and tissues.

(b) We must know how to apply this knowledge of actions of drugs to particular cases of sickness.

So the first and important business of the therapist-physician is to ascertain the positive effects of drugs on men.

Hahnemann devotes these sections of his book to the consideration of the methods of ascertaining the actions of drugs.

It has been discussed in previous sections that all the curative powers of medicines lie in the power they possess of changing the state of man's health and is revealed by observation of the latter. These are to be ascertained by experiments with drugs on the healthy human being and using only one drug at a time. Observation of the changes produced by a drug (even though it be administered singly and alone) in a sick man are misleading and confusing as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of the disease and can seldom be distinctly observed.

This method of testing the positive effects of drugs on healthy human beings is so logical and simple yet it escaped the attention of the physicians during the two thousand five hundred years previous to advent of Hahnemann, who supplied the reason for it in Sec. 110 :

1. None of these observers ever dreamed that the symptoms they recorded merely as proofs of the noxious and poisonous character of these substances were sure revelations of the power of these drugs to extinguish curatively similar symptoms occurring in natural diseases, that these their pathogenetic phenomena were intimations of their homoeopathic curative action, and that the only possible way to ascertain their medicinal powers is to observe those changes of health medicines are capable of producing in the healthy organism ;

2. For the pure peculiar powers of medicine available for the cure of diseases are to be learned (a) neither by any ingenious "a priori" speculations, (b) nor by the smell, taste or appearance of the drugs, (c) nor by their chemical analysis, (d) nor yet by the employment of several of them at one time in a mixture (prescription) in diseases ;

3. It was never suspected that these histories of medicinal diseases would one day furnish the first rudiments of the true, pure materia medica, which from the earliest times until now has consisted solely of false conjectures and fictions of the imagination—that is to say, did not exist at all.

Hahnemann mentioned that only Albrecht Von Haller before him thought of "this so natural, so absolutely necessary and only genuine mode of testing medicines for their pure and peculiar effects in deranging the health of man, in order to learn what morbid state each medicine is capable of curing... But no one, not a single physician, attended to or followed up this invaluable hint." (Foot-note No. 91 to Sec. 108).

## SEC. 111-120

**The Primary and Secondary Actions of Drugs.**

As Hahnemann's observations on the action of drugs were confirmed by earlier writers who noted the toxicological effects of many drugs used in large doses (though they had no idea of their therapeutic indications) he concludes that drugs' pathogenetic effects or pharmacological actions are produced according to fixed, eternal laws of nature and by virtue of these they produce certain reliable disease symptoms each according to its own peculiar character.

Hahnemann observed the following facts regarding the action of drugs in relation to their specificity and the varying doses in which they are administered to the healthy human beings :

1. Administration of drugs in *excessively large doses* leads to production of certain symptoms during the initial stage which are followed later by symptoms which were of an exactly opposite nature to those that first appeared.

The first set of symptoms constitutes the primary action of remedies *i.e.* proper action of the medicines on the vital force (cf. Sec. 63); and the following set of symptoms are the reaction of the vital force of the organism, and constitute its secondary action (cf. Sec. 62-67).

2. Administration of drugs in *moderate doses* does seldom or hardly ever produce the least trace of secondary actions. We observe only their primary action, *i.e.*, those symptoms wherewith the medicine deranges the health of the human being and develops in him a morbid state of longer or shorter duration.

3. Administration of drugs in *small doses* never produce secondary action.

4. In the homœopathic curative operation the living organism reacts from these only so much as is requisite to raise the health again to the normal healthy state (cf. Sec. 67).

5. An exception :

Even with moderate doses the narcotic medicines have been observed to produce secondary action in the form of increased sensibility (and a greater irritability).

Explanation : In their primary action these narcotic medicines take away sometimes the sensibility and sensation, sometimes the irritability of the healthy organism.

6. Among the symptoms of the primary action of drugs administered *in moderate doses*, there occur in the case of some medicines not a few which are partially or under certain conditions, *directly opposite* to other symptoms that have previously or subsequently appeared—which represent the alternating state of the various paroxysms of the primary action and are termed *alternating action*.

7. Referring to the symptoms produced by a medicine, it has been noted that (a) Some symptoms are produced more frequently *i.e.* in many individuals (b) Others more rarely or in few persons (c) Some only in very few healthy bodies.

Symptoms are the manifestations of the actions of the drug on the vital force and the reaction of the vital force to the same drug. So they are in all cases, the product of their actions and reactions. The variability in the manifestation of symptoms depend on the inherent power of the influencing substance and the capability of the vital force that animates the organism to be influenced by it.

In case of some symptoms appearing only in very few healthy bodies the condition is called *idiosyncrasy*, which is used in two senses :

1. It signifies an *abnormal* sensibility to drug-action ; or such a relation to a special drug as the drug produces in the prover symptoms that occur to no other prover, and which bear no analogy at all with the symptoms which others experience. *E.G.* In a few cases Quinine produces urticaria-like eruptions.

2. It also signifies sensibility, implying an unusually acute, but not abnormal sensibility to the action of the drug.

*E.G.* Quinine, in large doses, produces tinnitus in many individuals. But there may be some individuals who come in for tinnitus with a very small dose of quinine.

Though the state of idiosyncrasy implies a peculiar corporeal constitution but this must also be ascribed to the influencing drug in which must lie the power of making the same impression on all human bodies, yet in such a manner that but a small number of healthy constitution have a tendency to allow themselves to be brought into such an obvious morbid condition by them.

The truth of this is justified by the fact that when employed as remedies they render effectual homœopathic service to *all sick persons* for morbid symptoms similar to those they seem to be only capable of producing in so-called idiosyncratic individuals.



8. As each man differs from another man in their individual aspects So each drug differs from another in their pharmacological properties ; and each of these substances produces alterations in the health of human beings in a peculiar, different, yet determinate manner, so as to preclude the possibility of confounding one with another.

That is why Hahnemann is against administration of medicines in mixtures and advocates their use singly at a time.

### A Note on the Action of Drugs.

THREEFOLD ARE THE ACTION OF DRUGS ON HUMAN BEINGS :

1. Chemical : It depends on chemical affinity which exists between drugs and the tissues of the body and independent of vitality.

*E.G.* The burning of the skin by strong Nitric Acid.

2. Mechanical (or Revolutionary): It consists chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance

3. Dynamic : It is contingent upon vitality and resulting from the relations of the peculiar properties of drugs to the susceptibilities of the living, healthy organism.

A. Generic : Such as are common to all the members of a certain class of drugs and which serve to distinguish this class from others, but do not furnish means of distinguishing between different individuals of the same class.

*E.G.* Vomiting and diarrhoea of Arsenic. Cuprum, Veratrum etc.

B. Specific : Such as results from the dynamic action of the drug and peculiar to it. They serve to distinguish a given drug from all others.

(i) Central symptoms :—Appears speedily after the drug is taken, are generally the result of *comparatively large doses* and in the case of many drugs, are confined to the alimentary canal and to the organs immediately connected with it.

(ii) Peripheral symptoms :—Appear more tardily, are generally the result of *comparatively small doses*, taken repeatedly or allowed to act without interruption for a long period and appear in the bones, skin, glands, etc., and in the co-ordinated phenomena of life—often manifestations of a dyscrasia or cachexy.

*N.B.* Doses which produce central symptoms do not generally produce the peripheral (or at least not until after a long period has elapsed) and vice versa.

*E.G.* Arsenicum Alba

(a) In certain doses it develops chemical and revolutionary effects.

(b) In smaller doses it develops generic dynamic symptoms.

(c) In still smaller doses—it develops specific dynamic symptoms of central variety.

(d) In yet smaller doses—it develops specific dynamic symptoms of the peripheral variety.

(those of so-called gradual poisoning.)

(Adapted from "Homœopathy, the Science of Therapeutics")

by C. Dunham.

## SEC. 121—122.

### **The Ascertainment of Doses of Medicines for Proving Experiments.**

1. Strong medicines are liable even in small doses to produce changes in the health even of robust persons.

2. Those of milder power must be given in more considerable quantities.

3. In order to observe the action of the very weakest medicines, the subjects of experiment should be healthy persons who are delicate, irritable and sensitive.

## SEC. 123.

### **Methods of Preparation of Drugs for Proving Experiments.**

1. Each of the medicines must be taken in a perfectly simple, unadulterated form.

2. The indigenous plants in the form of freshly expressed juice, must be mixed with a little alcohol to prevent it spoiling.

3. Exotic vegetable substances must be prepared in the form of powder or tincture prepared with alcohol when they are in the fresh state, and afterwards mixed with a certain proportion of water.

4. Salts and gums should be dissolved in water just before being taken.

5. If the plant can only be procured in its dry state an infusion of it may be made by cutting the herb into small pieces and pouring boiling water on it, so as to extract its medicinal parts.

Immediately after its preparation it must be swallowed while still warm as all expressed vegetable-juices and all aqueous infusions of herbs without the addition of the spirit may ferment and decompose and thereby lose all medicinal properties.

#### SEC. 124-127.

### Precautionary Measures to be Taken During Proving Experiments.

#### REGARDING THE MEDICINE TO BE PROVED :

Every medicinal substance must be employed quite alone and perfectly pure, without the admixture of any foreign substance, and without taking anything else of a medicinal nature the same day, nor yet on the subsequent days nor during all the time we want to observe the effects of the medicine.

#### REGARDING THE PROVER :

(a) During the whole period of the experiment the diet of the prover must be strictly regulated—it should be as much possible destitute of spices, of roots and all salads and herb-soups. The diet should be of a purely nutritious and simple character, consisting of green vegetables.

(b) The prover must either be not in the habit of taking pure wine, brandy, coffee or tea or he must have totally abstained for a considerable time previously from the use of these injurious beverages, some of which are stimulating others medicinal.

(c) The prover must be preeminently trustworthy, conscientious.

(d) During the whole period of proving he must avoid all over-exertion of mind and body, all sorts of dissipation and disturbing passions.

(e) He should have no urgent business to distract his attention.

(f) He must be very self-observing and introspective.

(g) He must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms.

(h) The medicines must be tested on both males and females in order to ascertain especially the changes in the sexual sphere.

## SEC. 128--132.

**How to Conduct Drug-Proving.**

DRUG-PROVING IS NOT SO SIMPLE AND EASY A MATTER FOR THE FOLLOWING REASONS :

(1) The doses by which the corresponding varieties of symptoms are produced, differ widely in different drugs.

(2) The susceptibility of different provers to the same drug is very different and the degree of susceptibility which each prover possesses is to be learnt only by experiment. *E. g.* One prover will take 500 drops of Thuja without any effect ; another taking twenty, experiences violent *specific* symptoms.

(3) The susceptibility of provers to different preparations of the same drug is very various and apparently capricious.

One records characteristic specific symptoms from large doses of crude drugs and is not affected by smaller doses ; another is acted on by dilutions and not by any quantity of the crude substance.

We may observe that the proving of a drug is not so easy an affair as it seems to be. The individuality of the prover as well as of the drug plays here so important a part that a successful proving is often an entirely accidental piece of good fortune of the susceptible prover, while the boldest, but unsusceptible prover, with the best good-will and the greatest devotion may obtain only a scanty and one-sided result.

## RULES FOR AN EXHAUSTIVE PROVING OF A DRUG :

1. We must prove the drug both *in dilutions* and *in massive doses*.

2. The provings should be commenced with dilutions ; and high dilutions should be employed until satisfactory evidence is obtained that the prover is not susceptible to their action. We thus obtain one of the unknown quantities of our problem *viz.*, the measure of the susceptibility of the prover.

3. Where a keen susceptibility is found to exist, the greatest care must be exercised to avoid blunting or perverting it. With this view repeated experiments should be made at long intervals, with *high potencies* until no new variety of symptoms are evoked. Then after a long period of non-medication, the prover should take lower potencies and then small doses of the crude substance repeated at intervals, and finally after another long period of repose, large doses of crude medicine.

A thorough proving after this fashion may require years for its completion—but it will have an advantage over most of our recent provings, in the fact that it will be thorough and that it will be of permanent and certain use to the practitioner.

4. In proving with dilutions, as well as with massive doses, a long period of time should be occupied in testing each preparation in order that the full effect may be seen in the production of dyscrasias etc.

5. The greatest care should be exercised in verifying symptoms by repeated experiments, in order that "imaginary" symptoms on the one hand and chemical and mechanical symptoms on the other may be excluded.

#### SEC. 133—136.

### **When a Medicine can be Considered to have been thoroughly Proved ?**

A medicine is regarded to have been completely proved when (1) subsequent experimenters can notice little of a novel character from its action ; (2) during re-proving only the same symptoms as had been already observed by others. (3) The symptoms are recorded complete with regard to their sensations, localities, modalities and concomitant factors so that a complete individual picture of the drug disease has been ascertained.

#### SEC. 137.

### **Relative merits of Employing Large and Moderate Doses of Medicine in Proving.**

#### **A. DISADVANTAGES OF EMPLOYING LARGE DOSES OF MEDICINE IN PROVING :**

1. A danger of poisoning the prover and threatening his life.
2. Appearance of primary effects in hurried confusion and with such violence that nothing can be accurately observed.
3. Appearance of secondary effects and their getting mixed up with primary effects.

#### **B. ADVANTAGE OF EMPLOYING MODERATE DOSES OF MEDICINE IN PROVING :**

- (i) Appearance of only primary effects without any admixture of secondary effects.

## SEC. 138-141.

**Two Methods of Conducting a Drug-proving.**

1. The physician may take another person on whom the drug is administered.

(a) He asks the prover to note down distinctly the sensations, sufferings, accidents and changes of health, he feels at the time of occurrence, mentioning the time after the ingestion of the drug when each symptom arose and, if it lasts long, the period of its duration, and to keep a day-book for the purpose.

(b) The physician looks over the report in the presence of the experimenter immediately after the experiment is finished ; or,

(c) If the experiment is continued for a long period of time he inspects the day-book of the prover daily while everything is still fresh in his memory and by questioning and cross-questioning him makes each symptom precisely complete with regard to its sensation, localities, modalities, and other concomitant factors.

(d) If the experimenter is illiterate, the physician will ask the prover daily to narrate all his sensations, sufferings and changes in health experienced by him and avoid all leading questions to ensure the authenticity of the prover.

2. The physician may prove the medicine on himself.

Such experiments are the best.

**ADVANTAGES OF SUCH A PROVING :**

1. The changes in health experienced by the physician himself become for him an incontrovertible fact.

2. By such self-observation the physician will himself be trained to be a good observer.

3. The uncertainty about the exact changes in the health of others, produced by a drug, ceases entirely when a physician proves the drug on himself.

4. Experience shows that the organism of the prover becomes, by these frequent attacks on his health, all the more expert in repelling all external influences inimical to his system and all artificial and natural morbidic noxious agents, and becomes more hardened to resist everything of an injurious character by means of these moderate experiments on his own person with medicines. His body resistance against all sorts of infections is increased thereby.

## SEC. 143-145.

**Building up of the *Materia Medica Pura* or the *Real Materia Medica*.**

After testing on the healthy individuals a good number of simple medicines and carefully and faithfully recording all the altered sensations and functions experienced by the provers with each medicine we build a real *Materia Medica*, a volume of the book of nature.

Hahnemann called his *Materia Medica* pure (*Pura*) because it consists of the collective statements of the positive and perceptible reactions of the healthy human body recorded in the words of persons acted upon by drugs and admits no misinterpretations with changing medical terminology, altered biological conceptions and newer scientific attitudes. So Hahnemann's *Materia Medica* of the early nineteenth century can be as intelligently read by a medical student of to-day as by a physician contemporary with its first publication.

It is to be borne in mind, in this connection, that the Day-Books of the provers are not the *Materia Medica*. Not until this mass of materials has been analysed, shifted, classified according to its anatomical, physiological and pathological relations and had its general and particular characteristics logically deduced, does it become *Materia Medica* for practical use.

Hahnemann followed an anatomical schema (from head to foot, in recording the positive drug-effects and under each rubric or heading he collected and put all the symptoms from as many provers there were in each case. *E.G.* A drug was proved on twenty individuals. From the day-books of those twenty provers he collected all the symptoms relating to head. Then he shifted the symptoms common to each of them from symptoms peculiar to each of them. Finally he put under the rubric "Head" all the common symptoms and peculiar symptoms noted by individual provers. Thus all the symptoms mentioned under the rubric "head" does not imply that all of those symptoms appeared in one and the same individual prover but only points out how many varieties of head symptoms that drug is capable of producing in varied individuals.

Dr. Hughes took exception to this Hahnemann's schematic method in writing his *Materia Medica* and commented "It is as unnatural and artificial an arrangement of the features of many allied morbid portraits as though an artist should paint a family group arranging all the eyes of all

the members of the family, in one part of the picture, all the noses in another, the ears all together and so on"... The schema is very useful, as a Catalogue Raisonne in which we may find individual symptoms.

But Clarke refutes Hughe's contention with the following remarks :

"There are some who regret that Hahnemann did not keep his provers' day-books and published this classified list of symptoms (the Schema). This regret would be justified if the symptoms were not available in their individual capacity and did not admit of recombination to an infinite extent. But a definite symptom is available for its value, just as a definite coin is, independently of the particular mint from which it may have been issued. It is this which makes Homœopathy the flexible and adaptable instrument that it is; and it is this which makes the "Symptom-Register" the essential of the Homœopathic Materia Medica. Furthermore, the symptoms are not only available in their individual capacity, they will bear reducing to their elements and still be available just as the symptoms of patient will bear the same reducing" As for example, a patient with a tearing pain in left hip, relieved by motion, greatly worse in the afternoon would receive *Lycopodium*, not because *Lycopodium* has so far produced in the healthy such a symptom, but because from the study of its symptoms as recorded in the Materia Medica, we do find that it affects the left hip prominently (locality); that its pains in various parts of the body are 'tearing' (sensation); and that its general symptoms are relieved by motion and aggravated in the afternoon (modality). It is to be inferred that a *full* proving *would* have it. Thus with various permutation and combinations of disease-elements as recorded in the Materia Medica, the adaptability of it may be increased to a great extent in the art of finding a similar remedy for natural diseases.

SEC. 146-285.

### **The most Suitable Method of Employing Medicines for the Cure of Natural Disease.**

After discovering the methods of 'proving' drugs on healthy human beings to ascertain a complete picture of drug-disease in each case Hahnemann proceeds to elucidate the third point of the business of a true physician, which comprises the suitable method of the choice of the homœopathic remedy to bring about cure.



## SEC. 147-149.

**The Modus Operandi in Homœopathic Cures.**

It has been already discussed that the curative power of a drug consists in its power of altering the state of health of an individual. Natural disease is but the altered state of health brought on by natural morbid agents. This perceptible alteration in the state of health is the outward manifestation of the morbid vital process. Drugs also produce diseases (artificially) through similar process. Observation, logical induction and experimental verification have established the validity of the Law of Similars as a therapeutic principle. The action of either the natural morbid agents or drugs on the vital force is dynamic *i.e.*, qualitative and not chemico-physical. The quality of a substance can be changed but cannot be separated from the latter. The quality of the normal functioning state of the vital force expresses itself as the health of the organism ; whereas the quality of the morbid vital force manifests itself as disease of the organism. So there is nothing to be added to or taken out (physically and quantitatively) of the organism in case of producing or curing disease ; it is a problem of changing the qualitative state of the vital force in the organism. The modus operandi of producing or curing disease has been described by Hahnemann as a process of "infection"—a dynamic biological process. The vital force cannot be possessed simultaneously by two similar forces, inimical to the health of the living being. The weaker force yields the place to the stronger similar one. It has been argued, previously, that the medicinal force is stronger than the natural disease force. So the administration of a remedy, homœopathic to a natural disease, displaces the latter and takes possession of the vital force. The individual, for the time being, seems to suffer from continuation of previous symptoms (sometimes in aggravated form)—but the causative factor is, now, the drug-force and not the original disease-force. Because of the minute dose of the drug, administered, it is quickly eliminated and the vital force is thus freed from both the drug-force and the disease-force and returns to its previous normal qualitative state. Thus production of disease or bringing about of cure is instantaneous on the dynamical plane ; but its manifestation in the physical plane takes shorter or longer time according as the disease is acute or chronic with reversible and irreversible structural changes respectively.

## SEC. 150.

**Indisposition.**

Hahnemann classified diseased states of the human beings into two groups: (1) Indisposition; (2) Disease proper or dynamic disease.

By indisposition Hahnemann means a slight alteration of health manifested by one or more trivial symptoms, which a slight alteration in the diet and regimen will usually suffice to dispel; whereas in cases of disease proper the vital force cannot adjust itself automatically, even with adequate hygienic and dietetic measures, but requires a specific stimulus in the form of drugs for its readjustment and restoration of balance.

## SEC. 151-154.

**Acute Diseases.**

In acute diseases, the symptoms take a quick evolutionary course; and it is easy for the physician to ascertain the complete picture of the disease. According to Hahnemann, the totality of symptoms in a case means a group of related symptoms, not expressing the disease so much as expressing the individual who suffers. For therapeutic purpose Homœopathy takes more to account the patient than the disease affecting the individual. As every man is unique by reason of his individuality so is every patient who is nothing but a diseased man. There is an essentiality of things, a commonality of things and an individuality of things. These are three terms of one existence, transcendent, universal and individual; and each of them always contains secretly or overtly the two others. In medicine we are concerned with individuals, though we need the knowledge of the general concepts for the comprehension of the individual. An individual is never without his universal or general aspects. Human beings are not found anywhere in nature; there are only individuals. The individual differs from the human being because he is a concrete event. Individuality gives us our uniqueness. Individuality causes every man to be himself and no body else.

Similarly disease is not a substantive entity. We observe individuals suffering from pneumonia, syphilis, diabetes, typhoid fever etc. Then we construct in our mind certain universals, certain abstractions, certain concepts which we call disease. Without such disease-concepts it would

have been impossible to build up a science of medicine or to write a medical treatise or to teach medicine to new aspirants. But when we come to treatment, Hahnemann insists to put our stress on the individual who is to be relieved of his suffering. It is the business of Homœopathy to find an individual picture of a drug-disease which will correspond to the natural disease-picture of the individual patient. Now, to individualise either a patient or a drug means to pick up symptoms which are "striking, singular, uncommon and peculiar (characteristic) signs and symptoms". As some unique feature distinguishes one individual from another so the symptoms just referred to, serve to distinguish one patient from another. An individual always contains within himself general features which serve to docket him under a particular group or type of individuals. Similarly an individual patient presents some general features which serve to put him in a particular type of disease ; whereas there are always some features alongwith general ones which render him unique and distinctive from any other patient of the same group or type. So in the matter of matching the symptom-totality of an individual patient with that of a drug, the matching will never be most similar unless the individualising or striking, uncommon, singular and peculiar features are also matched with one another.

The interpretation of what constitutes a striking, singular, uncommon and peculiar feature, is left in the judgement of a physician and was first ably done by Boëninghausen to whom Hahnemann also refers in his foot-note 109 to the Sec. 153. According to Boëninghausen this was elucidated in the following seven considerations :

1. Changes of personality and temperament are particularly to be noted, especially when striking alterations, even if rare, occur.

The individuality of a human being is best manifested through his personality reactions ; and these, in their turn, are best expressed through mentality (both intellectual and emotional), temperament, likes and dislikes (or desires and aversions). So the finest shades of difference in individuality reactions are to be studied through mental symptoms. For the selection of a 'similimum' drug the mental symptoms of an individual patient must have to be matched by those of the said drug.

2. Disease individualisation—and not merely disease determination—is more relevant for therapeutic purpose. The text-book description of a disease is an abstract conception applying to a type of disease. The

nature and peculiarities of disease have got to be determined for therapeutic purpose. Disease determination is enough for diagnostic purpose but disease individualisation is indispensable for treatment purpose.

3. The seat of the disease frequently provides an individualising factor. Though in disease the individual is ill as a whole still all the parts or organs or tissues of the organism are not affected equally, even in kind. Similarly every drug has special affinity for certain parts of the body though it affects the body as a whole. Therefore the seat of the disease has got to be taken into account to make the symptom-matching between drug-diseases and natural diseases most similar to each other.

4. In finding the *similimum* for the whole case the *concomitants* provide the individualising features in many cases.

The totality of the case meant to Hahnemann and Boenninghausen a matter of concomitance—a group of related symptoms manifesting themselves simultaneously (somehow) or in succession in the same individual who suffers. The individuality of a case depends on an assemblage or co-existence of symptoms in a particular relation. "Therefore in Homœopathic philosophy the symptoms of the disease, especially the common or typical symptoms of any named disease grouping, are of little value for individualising and therefore, for prescribing. It is the totality of the symptoms—the whole picture of the suffering man—that must be considered ; and this made up not alone of the symptoms one expects to find under any disease labelled nosologically but those (frequently and preferably) in other parts of the suffering individual or those atypical or seemingly unrelated symptoms which the alert physician may observe or elicit. *E.G.* Fever, cough, pain in the chest, difficulty in breathing etc. in a case of acute lobar pneumonia, may mean little as such, but if they are accompanied by extreme thirst and aversion to uncovering but liking for cold in the head, nausea and vomiting in one case or accompanied by great heat, desire for uncovering, aggravation from motion and amelioration from cold, pain in the right hypochondria and jaundice etc. in the other—often get a picture that is clearly indicative of the certain indicated remedy the "*Similimum*".

Hahnemann's approach to the study of disease is from phenomenal and not from causal point of view. To him co-existence and not causal relation of symptoms is sufficient for individualising either a drug or a natural disease. So the assemblage of concomitant symptoms in a particular way serves, very often, to offer a striking, singular or

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uncommon factor for individualisation and, therefore, for selecting a 'Similimum' remedy. The so-called complications of any named diseased condition (as mentioned in text-books on Medicine) are utilised as concomitant factors for disease individualisation.

We must, therefore, examine carefully all those accessory symptoms which are :

(a) Rarely found combined with the main affection, hence also infrequent under the same conditions in the provings.

(b) All those belonging to another sphere of disease than that of the main one.

(c) Finally those which bear the distinctive marks of some drug, even if they have never before been noted in the preceding relation.

Such concomitant symptoms are not only co-existent, but they are those symptoms that seemingly have no relation to the leading symptoms from the standpoint of theoretical pathology. They are often symptoms for which we can find no reason for their existence in the individual under consideration. We might almost term them "unreasonable" attendants of the case in hand ; yet they have an actual relationship in that they exist at the same time, in the same patient. They must not be overlooked nor under-valued because they cannot be made to conform with the theories of traditional medicine nor with our own ideas of their peculiar unrelatedness.

Such concomitant symptoms above all others evidently belong to those which Hahnemann called striking, extra-ordinary and peculiar (characteristic) and are to receive our almost exclusive attention because they lend their individuality to the totality (which refers to the patient as a whole). The system of concomitants also makes Homœopathy distinctly safer, rendering it less dependent upon a previously constructed diagnosis which is often deceptive.

5. "Prima Causa Morbi" or the original cause of a disease is almost impossible to find and is not indispensable for homœopathic cure. It is only some manifest or maintaining cause (*Causa occasionalis*) that every intelligent physician would first remove where it exists ; and the associations of those factors with the dynamic changes following in the organism are to be noted as they provide often the singular and striking features in the individualisation of a case.

Practice has revealed the importance of the 'anamnesic' symptoms, thus greatly restricting the list of remedies from which the selection is to be made, so that attention to but a few characteristics quickly determine an accurate choice, *E. g.* the history of sprains, bruises, burns, presence of chronic miasmatic infections, exposure to cold, rains, previous continued administration of unhomœopathic drugs in crude and large doses—so much depends upon a detailed knowledge of these factors, that without it the choice of the homœopathic remedy cannot be made with safety and precision.

6. The "Modalities" are the proper and most decisive modifiers of the characteristics, not one of which is utterly worthless, not even the negative ones.

A superficial examination of any completely proven drug will reveal the common symptoms of all diseases, *e.g.*, headache, beliyache, diarrhœa, eruptions etc. A little closer inspection of their sensations and relations to the different parts of the body establishes undoubted differences in the manner of their appearance, the *modality i.e.*, the circumstances under which the general and particular symptoms are modified leading to aggravation and amelioration.

The cravings and aversions to various foods furnish some of the most important points in selecting the remedy.

When the symptoms seem to indicate a remedy with which the modalities, however, do not agree, it is only negatively indicated and the physician has the most urgent reasons to doubt its fitness; he should, therefore, seek for another having the same symptoms.

7. The Time factor *i.e.* the exact time for appearance or aggravation of a symptom is a great individualising feature of a patient or a drug and has, therefore, got to be taken into account in selecting the 'similimum'.

This homœopathic objective concerns two points having a direct bearing on the choice of remedy :

A. The periodical return of symptoms after a shorter or longer period of quiescence.

*E.G.* This coincides with epochs having special, accidental causes, such as menstrual disturbances, all seasonal or temperatural influences etc.

B. The hour of the day when they are better or worse.

*E.G.* Influences which the time of day exerts upon cough, diarrhœas etc.

If the above-mentioned factors are taken into account during the process of comparing the natural disease picture and the artificial drug-disease picture, the concrete individual patient will meet his analogue with the complete individuality of a drug-picture. In short in matching a natural disease picture with a drug-picture it is the differentiating factor, in each case, which has got to be matched to find the remedy most similar (*similimum*) to the patient. These differentiating factors are referred to by Hahnemann as singular, uncommon, striking and peculiar features; and it is the legal mind of Boëninghausen who drew out all the implications and interpreted what constitute such features in each case.

#### SEC. 155—161.

### **Homœopathic Aggravation of Disease.**

The "*modus operandi*" of cure of diseases by homœopathic drugs was discussed in sec. 148. In homœopathy we employ a drug which, though different in nature from the natural morbid agent, has the potentiality of producing signs and symptoms in a healthy human being similar to those actually existing in a diseased individual. Here the similarity consists only in the way of body's reaction to a drug or a natural disease-force; and by virtue of this similarity the medicinal symptoms occupy the place of the weaker symptoms of the disease. But the particular drug has the potentiality of producing many other symptoms which are not similar to the disease-symptoms and those unhomœopathic symptoms corresponding to the drug remain quiescent as the drug is administered in minute doses; only the parts which are already made hyper-sensitive by the natural disease allow the homœopathic symptoms to operate upon them. In this way the diseased vital force is re-inforced by the drug-effect to such an extent that the original disease is extinguished.

This may be an ideal condition; but in practice, it is almost impossible that medicine and disease should possess the same congruity as two similar triangles. So it is quite possible that at least one unusual sensation or some slight new symptom might appear in the case during the operation of the similar drug (however closely selected) in very irritable and sensitive patients. But this slight disturbance is easily overcome by the active living energy of the patient and convalescence will progress to

final recovery unless it is hampered by dietetic indiscretions, administration of heteropathic medicines or emotional excitements.

Another effect which is often perceptible after the administration of a homœopathic remedy is the seemingly intensification of the symptoms of the original disease (but properly speaking they are the primary effect of the homœopathic remedy). The drug-effects being somewhat superior in intensity and very similar to the original disease, produce a slight aggravation resembling the original disease so closely that the patient actually considers it such. In case of acute diseases this seemingly aggravation resembling the original disease, occurs in the course of a first few hours and then subsides leading to complete recovery. But this is a good sign and indicates that it will yield to the first dose. This medicinal aggravation of the disease can be distinguished from the real worsening of the original disease by (1) appearance of intensified symptoms similar to the original disease-symptoms soon (a few hours) after the administration of the homœopathic remedy and (2) the feeling of well-being of the patient notwithstanding the intensification of symptoms.

Aggravation caused by larger doses may last for several hours. In case of chronic diseases where one dose must necessarily extend its operation over many days such primary drug-effects, resembling an intensification of symptoms of the original disease (lasting an hour or more) will be seen occasionally in the course of 6, 8 or 10 days, while a general improvement becomes perceptible in the intervening period. After the aggravation period is over, the convalescence period will progress uninterruptedly to final and complete recovery.

#### SEC. 162—170.

#### **Management of Cases with Partially Similar Remedies either due to lack of Complete Symptoms in Diseased Individuals or due to Paucity of Records of Drug-Proving in the Homœopathic Materia Medica.**

1. Due to shortage of positive drug-effects recorded in the Homœopathic Materia Medica, the drug which covers the majority portion of the symptom-complex in the patient is to be applied for lack of a similimum.

2. With the appearance of accessory symptoms in the patient after administration of a partially similar remedy, a considerable part of the original disease is removed by the said drug; and when the dose of the medicine is sufficiently minute, the accessory symptoms are also moderate and do not prevent the commencement of eventual cure,



3. If the few symptoms, covered by the partially similar drug, comprise the symptoms uncommon and peculiar to the disease in question, the cure takes place under such circumstances without any particular disturbance. It is because of the fact that even a single symptom observed is complete with regard to its location, sensations, modalities and concomitant factors, gives us a totality of the case, which always indicates the individual patient as a whole.

4. If those few symptoms covered by a partially similar remedy comprise only common symptoms *e.g.* headache, diarrhoea, debility etc. the cure is not ensured as there is no chance of individualising the patient or the drug.

5. Such a case, as mentioned above, is getting rarer as the collection of well-proved medicines increases in course of time.

6. In acute cases when the more violent accessory symptoms appear after the administration of partially similar remedy the first dose is not allowed to exhaust its action or the patient is not left at the mercy of this drug; and the case is studied afresh in its subsequent altered condition comprising the accessory symptoms along with residual features of the original symptoms; and a drug homœopathic to the totality of symptoms, then present, is prescribed.

The administration of the second drug will either bring about cure or bring it much nearer to its termination, in which case the patient will be restudied and a more analogous remedy be selected and administered. If this drug be again found to be insufficient for bringing about perfect recovery—the examination of the remaining morbid condition and the selection of the most suitable homœopathic remedy should be repeated until full restoration of health is effected.

7. In cases where a portion of the symptoms seems to be covered by one drug and the rest by another drug and the choice of the similimum becomes well-nigh impossible—The drug which is deemed to be more suitable of the two is administered first. It is not proper to administer the remedy of our second choice without re-studying the case afresh, because it may no longer correspond to the symptoms remaining after the administration of the first remedy. It is advisable to find the most homœopathic drug for the subsequently altered state of symptoms—might be the previously selected remedy of our second choice still held good for the altered morbid state.

## SEC. 171.

**Treatment of Non-Venereal Chronic Diseases (Arising from Psora)**

This type of disease is never cured completely with the single administration of a single remedy. The duration of a chronic disease is indefinite and long-standing. Several anti-psoric medicines are to be administered in succession, every successive one being homœopathically selected, in accordance with the group of symptoms left uncured when the preceding remedy (given in single or repeated doses) had exhausted its action.

## SEC. 172.

**Treatment of Chronic Diseases with too few Symptoms.**

THIS GROUP OF DISEASES ARE SUBDIVIDED INTO TWO CLASSES :

1. One-sided : (a) Diseases with only physical symptoms *e.g.* Headache, diarrhoea etc.  
(b) Diseases with only mental symptoms *e.g.*, Insanity.
2. Local diseases : (a) Purely surgical cases.  
(b) Non-surgical or dynamic organismal changes or ailments that appear on the external part of the body *e.g.* eczema etc

**Treatment of One-sided Diseases with only Physical Symptoms :**

1. Very often this type of diseases is not really with a few symptoms as is commonly believed by a casual observer. An experienced homœopath who has mastered the theory and nature of chronic diseases (as elucidated by Hahnemann) should be able to find many symptoms which are apparently too trivial and vague and negligible to escape the eye of the uninitiated but significant enough to comprise striking, uncommon singular and peculiar symptoms and lend individuality to the totality of the case, thus making the selection of the most similar anti-psoric remedy possible.

(2) In case of the selection and administration of a partially similar anti-psoric remedy the same procedure is to be followed as was recommend for acute diseases for which a perfectly similar remedy was not available either due to lack of sufficient records of drug-provings or due to actual paucity of symptoms in the patient.

An imperfectly adapted remedy will mingle some of its peculiar symptoms with the feelings of the patient ; but they should be regarded as the symptoms of the disease itself, although they had rarely or never been perceived before. In other words, sensations will be developed in a higher degree, which the patient had not previously perceived at all or only imperfectly.

Then successive re-examinations of the patient and the successive administration of the most suitable homœopathic remedies are to be continued till the recovery is complete.

Hahnemann mentions, in this connection, (Vide foot-note No. 112 to Sec. 183) that increases where the patient (which, however, happens exclusively seldom in chronic, but, not infrequently in acute diseases) feels very ill, although his symptoms are very indistinct, so that this state may be attributed more to the benumbed state of the nerves, which does not permit the patient's pains and sufferings to be distinctively perceived, this torpor of the internal sensibility is removed by *Opium* and in its secondary action the symptoms of the disease becomes distinctly apparent.

### SEC. 185.

#### **Treatment of Local Diseases Surgical and Non-Surgical or Dynamic Diseases.**

According to Hahnemann there cannot be, strictly speaking, any local disease of the living organism. The organism is a living indivisible whole, acts and reacts as a whole. Any disturbance in the nature of a dynamic change is never confined to a specific part of the organism in the sense that the rest of the body does not participate in the dynamic change produced by any means. It is for crude practical purposes that the term 'local malady' is used signifying that a visible change is localised to a particular part of the body.

The maladies which deserve this denomination, more or less, are of recent origin and produced solely by an external lesion which must be too trivial to evoke a response from the organism as a whole, *e.g.* very slight injuries etc.

Affections of external parts requiring mechanical skill, properly belong to *Surgery* alone ; as for instance, when external obstacles are to be removed that prevent the vital force from accomplishing the cure. *E.G.* reduction of dislocations, setting of fractured bones, the union of edges of

wounds by sutures; opening of cavities for the outlet of pent-up discharges etc.

But frequently where the extent of the injury is violent enough to evoke dynamic reactions in the organism, dynamic treatment with remedies is required along with surgical help or where the affection of external parts is out of proportion to the external injury or not caused by external injuries the source of trouble is an internal morbid state of the organism. To regard these conditions as merely local affections or to treat them surgically and exclusively by local applications is absolutely erroneous and most detrimental to the health of the patient. This assertion is justified by the following facts :

1. Experience proves that the drugs produce both general changes as well as affections of external parts when they are proved on healthy human beings according to Hahnemannian method *i.e.*, by oral administration of drugs;

and 2. The oral administration of a drug homœopathic to the diseased condition of the patient with general and external local changes of the body leads to complete cure of the patient.

So Hahnemann concludes that "no external malady (not occasioned by some important injury from without) can arise, persist or even grow worse without some internal cause, without the co-operation of the whole organism which must consequently be in a diseased state"

Therefore the treatment of all local affections must consist in the selection and administration of a remedy which must be homœopathic not only to the character of those local affections but also to the totality of symptoms which the patient present—in which case the general morbid state of the body is removed along with the local affection proving that the local affection should be regarded as an inseparable part of the whole, as one of the most considerable and striking symptoms of the whole disease.

#### SEC. 194-203.

#### **Discussion about the Treatment of Local Affection with mere Topical Employment of Medicines.**

**THE TREATMENT OF LOCAL AFFECTION WITH EXTERNAL EMPLOYMENT OF MEDICINES IS INADMISSIBLE FOR THE FOLLOWING REASONS :**

1. All local affections whether acute or chronic are only an inseparable part of the whole disease. Medicines should be administered

for curing the whole disease of which local affections are but a part of external manifestations of it. This is only possible when a medicine homœopathic to the totality of the case is administered internally.

2. It is sometimes argued that in local affections (caused by dynamic causes) the external application of the medicine which is also homœopathic to the whole disease along with internal administration of the same remedy might expedite cure. But this kind treatment is entirely objectionable on the ground that in all such diseases characterised by a prominent local affection, the latter is generally removed by topical applications more rapidly than the internal disease, often leading to a deceptive impression that a complete cure has been effected. This premature disappearance of this local symptom will leave us in doubt whether the total disease has been removed by the internal remedy.

3. For the same reason, the medicine, homœopathically indicated for the whole case, should not be used exclusively as a topical application to the local symptoms of chronic miasmatic diseases. Because with the disappearance of the chief symptom (the local affection) the residual picture of the whole disease remains in a mutilated and vague form, thus depriving the physician to get hold of individualising symptoms for selection of a similimum.

4. The treatment and consequent removal of local affections with corrosives, caustics, escharotics or by excision, leads us into greater difficulties for bringing about complete cure of the patient. For in the patient concerned the totality of symptoms, this "outwardly reflected picture of the internal essence of the disease", becomes so distorted, obscure and vague that it turns out to be very difficult or almost impossible in many cases, to individualise the patient and select a similimum thereof and to bring about radical and complete cure of the patient.

Persistence of local affections in spite of taking recourse to local measures, indicates that the source of the disease has not yet been tackled effectively. Under circumstance if a homœopathic remedy is still possible to be selected and during its internal administration the persistence of the local affection indicates the incompleteness of cure. But if the local affection were cured on its seat by the internal administration of the remedy it is a proof positive that the entire disease has been cured.

5. That the source of many such external local affections is very deep is inferred from the fact that notwithstanding good regimen and

apparently indicated remedy there still remains in the affected spot and in whole state of the organism, a relic of the disease which the vital force is not competent to overcome—showing thereby that the so-called local disease is a product or an external manifestation of psora which had hitherto remained latent in the interior of the organism but has now burst forth and is on the way to develop into a palpable chronic disease.

In such a case an appropriate anti-psoric treatment is to be instituted.

6. Removal of the local symptoms of the local affection by topical administration of unhomœopathic external remedies leads to rousing up of the internal disease and other symptoms that previously existed in a latent state side by side with the local affection. This is nothing but Nature's revenge against injudicious human healing art. Such a disappearance of the local symptoms of the local affection is popularly, though incorrectly, called suppression or driving the whole disease back into the system or upon the nerves. What really happens is the intensification of the internal disease and canalising the disease force through other channels leading to derangements of other parts of the body.

#### SEC. 201—203.

### **Hahnemann's Pathological Hypothesis Involved in Explaining the Mechanism of Production of Local Maladies and Rationale of its Treatment by Internal Administration of Suitable Homœopathic Drugs.**

In chronic diseases neither the unaided vital force nor the chronic miasmatic disease-force can overcome each other—and the result is a chronic (life-long) suffering of the individual. A condition of stalemate develops though ultimately the patient succumbs to the disease if no proper homœopathic treatment is instituted in time. It, is the inherent property of Life-principle to preserve the existence of the organism up to the last. So it evolves a *via media*. The organism is an indivisible whole but it consists of parts—some essential and others not so essential for the maintenance and continuance of life in it. It tries to preserve the integrity of the vital organs of the organism by its attempt to localise the disturbing principle by throwing it out into some part of the body which is not indispensable to human life. The disease seems to be held confined to that part for the time being ; and the life principle may thereby silence the internal disease, which otherwise threatens to destroy the vital organs and the very existence of the patient. This vicarious substitution of

disease from the essential to non-essential part of body keeps the internal disease into abeyance for a time ; but the internal disease remains none-the-less, uncured and not lessened essentially. In fact the local affection continuing, always, as a part and parcel of whole disease affecting the organism, may be regarded as a part "which has become excessively developed in *one direction* by the organic vital force" as a nature's provision to save the vital organs from damage. But nature never becomes completely successful in this attempt as evidenced by the fact that the internal disease goes on increasing gradually and the nature, correspondingly trying to checkmate its progressive intensification by enlarging and aggravating the local symptoms. As for example, old ulcers of the leg and chancres are aggravated and enlarged in proportion to the spontaneous development of internal syphilis and psora which remain uneradicated.

That is why Hahnemann condemned so severely the practice of removing by external application of medicine or excising the local affections from the surface of the body without curing the inner miasmatic disease. During Hahnemann's time it was the commonly accepted practice amongst the physicians :

1. To remove itch from the skin by many forms of ointments :

2. To burn away chancres externally by cauterization ;

- and 3. Locally to exterminate sycotic growths by excision, ligature or the actual cautery.

And after prolonged observations and experience gathered from careful experimental verifications and treating innumerable patients suffering from chronic diseases Hahnemann came to the conclusion that the innumerable named or unnamed chronic maladies, from which people suffer, owe their origin and spread to the suppression of local manifestations of these chronic diseases and consequent intensification of the respective internal diseases and progressive affection of various internal organs one after another.

Hahnemann's investigations of chronic diseases led him to discover three kinds of miasmatic infections *e.g.* psora, syphilis and sycosis, each accompanied with itchy vesicular eruptions, chancre or bubo and condylomata respectively. The practitioners of the orthodox school during his time could not perceive that before these external manifestations appear the whole organism becomes saturated with these miasmatic infections and that nature is trying to keep the internal disease in abeyance by its attempt

to throw out these external manifestations as vicarious substitutes for the inner disease. They regarded the itch eruptions, chancre and condyloma as local diseases and treated these with external applications of remedies or caustics or cauteries. The result is, according to Hahnemann, rousing of the internal miasmatic infectious state and affections of different organs and tissues more essential and indispensable to the life of the patient. Thus Hahnemann revolutionised the conception and treatment of diseases, especially of chronic ones.

Even when the primary symptoms of these chronic diseases have been suppressed by local treatment of allopathic practitioners and the patient comes to a homœopathic physician, he will study the patient as a whole and treat the patient as a whole by suitable antipsoric, anti-syphilitic or anti-sycotic remedies as the case may be. After many years of reflection, practice, observation and experience Hahnemann came to discover the nature and the mode of treatment of chronic diseases which was embodied in his immortal book on "Chronic Diseases".

Homœopathic practice thus, never requires us (1) to single out some primary or secondary symptoms originating from chronic miasmatic diseases for treatment; (2) or to resort to external local remedies, either dynamic or mechanical or chemico-physical; but enjoins us always to study the patient as a whole and to treat him as such.

#### SEC. 210-230.

#### **Mental Diseases and their Treatment.**

Hahnemann considers mental diseases as one-sided diseases of the chronic type affecting the whole psycho-somatic entity where the brunt of derangement has been shifted on the mental aspect of the human organism after the physical disturbances have been suppressed by unhomœopathic treatment or through some other natural causes (Sec. 215-216)

The mind and body are not two absolutely separate entities but they form an indivisible whole, inseparable in fact but distinguishable by mind for easy understanding. As drug-provings show that the actions of a drug manifest themselves more or less concomitantly through body and mind so that in every fully-proved drug-picture there are corporeal symptoms along with alterations of thoughts, feelings, affections and volitions intellect, memory etc.—so in natural diseases the physical disturbances are often found associated with their mental counterparts. There is no



absolute gap between body and mind. Illness has been defined by F. Mohr as "a living event taking place in a living organism which is itself alive only by virtue of the fact that in it, psychic and somatic are united in a living unity." In other words, illness is the result of biological as well as of psychological events. Certain stresses are thereby set up that discharge themselves along the various peripheral nerves leading to development of somatic symptoms or certainly in the mind leading to changes in the patient's personality. In some cases one outlet is choked as it were and main outburst takes place through the other outlet. Thus in extreme cases we find either purely physical diseases *i.e.*, only anatomical and/or physiological changes minus any psychological disturbance; or purely mental cases *i.e.*, without any concomitant physical changes. So in the treatment of so-called mental diseases we should always be careful to take the past history and should try to detect the physical symptoms which preceded the present condition (may be long ago) and try to get the full picture of the disease comprising physical and mental symptoms on the totality of which a 'similimum' remedy is selected.

1. So Hahnemann concludes that "almost all mental and emotional diseases are nothing more than corporeal diseases in which symptom of derangement of mind and disposition peculiar to each of them is increased, whilst the corporeal symptoms decline (more or less rapidly), till at length attains the most striking one-sidedness, almost as though it were *local disease* in the invisible subtle organ of the mind or disposition (Sec. 215).

Hahnemann cites illustrations of actual cases in support of his above mentioned statement *E.G.* a case of suppuration of the lungs becomes transformed into insanity wherein the physical changes improve almost to perfect health or a case of chronic colitis becomes eventually transformed into hypochondriasis or some other varieties of neurosis with the decrease of gastro-intestinal symptoms to almost a negligible degree.

2. There is another condition where the mental aspect is primarily deranged and these disturbances finding the body slightly yielding to the altered psychological conditions maintain the body in a disturbed condition and continue the psycho-pathological state of the patient. These are also continued in a vicious circle by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrences of great fear and fright.

3. Sudden outbreaks of insanity or mania (precipitated by some exciting factors *e.g.* fright, vexation, mental shock, abuse of spirituous liquors etc.) may occur during the ordinary quiet course of disease. These may be compared with the sudden flarings of latent psora in physical diseases.

4. There are another group of mental cases where it is difficult to ascertain whether the mind or the body is primarily at fault. There may be corporeal causes or psychological factors *e.g.* faults of education, bad habits, corrupt morals, superstition, ignorance etc.

HAHNEMANN PROVIDES HERE A VERY INGENIOUS DIAGNOSTIC TEST :

(a) If the mental affection proceeds from one or more factors belonging to psychological conditions, they will be improved by "sensible, friendly exhortations, consolatory arguments, serious representations and sensible advice".

(b) If the mental affection depends on a bodily disease it will be aggravated by the same measures ; *e.g.*, depressive type of patients will be still more depressed, plaintive, disconsolate and retiring ; the maniac type of them would thereby become still more embittered ; and the silly prattler will become more foolish than ever.

TREATMENT OF DIFFERENT TYPES OF MENTAL DISEASES :

1. In mental diseases resulting from bodily diseases and later transformed into one-sided diseases, treatment consists of a judicious combination of anti-psoric drug-treatment and psycho-therapy with carefully regulated mode of life and an appropriate psychical behaviour towards the patient on the part of the physician and attendants of the patient. *E.G.*

(a) Raving madness should be met by calm fearlessness and firm resolution ;

(b) painfully disconsolate melancholy should be assuaged by silent compassion expressed through gestures and looks ;

(c) locquacity should be listened to in silence, with some degree of attention ;

(d) indecent behaviour and obscene languages are to be totally ignored ;

(e) in destructive mental tendencies things should be kept out of his reach to prevent mischief, *without reproaching the patient for his acts* ;

(f) treatment of the patient should be managed with a view to absolute avoidance of torture or corporeal punishment of the patient ;

(g) though compulsion and some amount of physical coercion may be justified in order to make the patient take the medicine, even this can easily be avoided by the administration of such little quantities of medicine (as usually employed in Homœopathic prescriptions), mixed in his usual drinks without his knowledge.

(h) Removal of all kinds of external disturbing influence on the patient's mind, as far as possible.

(i) Contradiction, incessant argument, rude corrections, vituperations, no less than weak and timid submission are altogether out of place and alike detrimental to the improvement and cure of mental cases. *E.G.* There is nothing that embitters the insane and aggravates their diseases so much as expressions of contempt and ill-disguised deception.

(j) The physician and keeper of the insane must always pretend to believe them to be possessed of reason.

(2) In mental diseases originating predominantly from psychogenic causes—and if they are of recent origin—psycho-therapy should be taken recourse to. Here is the scope for comparatively recently discovered psycho-analytical methods of Freud, Yung and Adler (though the actual details of these procedures could not have been possibly known to Hahnemann but he anticipated their utility). Hahnemann clearly mentions that the patient is to be carefully encouraged to regain self-confidence, to remould his life in the path of rectitude where there had been moral lapses. The physician to the patient should not only be his prescriber but also his friend, philosopher and guide to help the patient to resolve his complexes and revert to healthy growth and development of his personality. Very often the cause of mental derangement lies in the failure on the part of the patient to adjust himself to the situation he finds himself in and through this defect further inroads of unsocial and immoral instincts which lay hitherto dormant in his sub-conscious mind, take place in the surface consciousness. These develop into all the turmoils, dissociations and disintegrations of personality to render a man misfit in the world of factual reality.

(3) The third type of mental diseases are to be treated exactly in the same line to what is followed in the treatment of acute diseases, attacking individually, which are "generally only a transient explosion of latent psora". When these acute mental attacks burst forth; they should not be immediately treated with anti-psorics but with other homœopathic remedies covering the acute conditions till the acuteness or violence of the symptoms subside indicating that the psora is reverting to its former latent state. Then comes the stage when anti-psoric treatment should be commenced according to the instructions laid down by Hahnemann for the treatment of all chronic cases.

Hahnemann also mentions in a foot-note (123) to Sec. 222 that "it very rarely happens that a mental or emotional disease of long-standing cures spontaneously and they are reckoned as cured persons. But he points out that these are only instances where internal dyscrasia transfers itself again to the grosser corporeal organs." But a careful scrutiny of patient even in that stage will reveal to the eyes of a discerning homœopath many symptoms indicating the presence of psoric infection in the state of health of the individual and justifying the need of instituting anti-psoric treatment in the individual concerned.

During Hahnemann's time mental cases were reckoned as cured cases, often supposed to be possessed by evil spirits; and so all the oppressive methods which the ingenuity of his contemporary medical men could devise, were applied to the patients in the lunatic asylum.

The credit of adopting humane methods in the management of insane persons, certainly goes to Hahnemann. And he with his phenomenal genius and clear intuition anticipated the broad principles of psycho-therapeutic methods which are necessary in some cases solely; and also differentiated those cases which called for judicious combination of psycho-therapeutic and anti-psoric drug therapy.

#### SEC. 231-234.

#### **Intermittent and Alternating Diseases and their Treatment.**

*Intermittent diseases* are those that recur at certain periods, e.g., a great variety of intermittent fevers, and the apparently non-febrile affections that recur at interval like intermittent fevers.

*Alternating diseases* are those in which certain symptom-syndrome alternate at uncertain intervals with symptom-syndrome of a different kind.

Two or three states may alternate with one another. Both these types of diseases fall under the class of chronic diseases; they are generally manifestations of developed psora alone; occasionally they might co-exist with syphilis—to be treated according to the general instructions for treating chronic diseases.

#### THE TYPICAL INTERMITTENT DISEASES :

In such cases a morbid state of a fixed type returns at a tolerably fixed period, whilst the patient possesses apparently good health during the interval; they may be of febrile or non-febrile character.

These apparently non-febrile, typical, periodically recurring morbid states, observed in individual cases, always belong to chronic diseases, mostly psoric and very occasionally complicated with syphilis. Appropriate anti-psoric and anti-syphilitic treatments are to be followed in the respective cases. It is sometimes necessary to use China in potency to stop permanently the intermittent type of these diseases.

#### INTERMITTENT FEVERS :

##### CLINICAL TYPES :

1. Intermittent fevers prevailing sporadically or epidemically.
2. Epidemics of intermittent fever in situations where none are endemic.
3. Very pernicious types of intermittent fevers attacking individuals not residing in a marshy district.
4. Intermittent fevers endemic in a marshy district and tracts of country frequently exposed to inundations.

#### TREATMENT OF SPORADIC OR EPIDEMIC INTERMITTENT FEVERS :

Here the whole febrile paroxysm (consisting of two or three alternating states *e.g.*, chill, heat and sweat) is to be taken into account as a unit. During the active phase of the disease when paroxysms after paroxysms of fever are occurring in a patient, homœopathic medicine is to be selected which has (1) either the power of producing a similar series of alternating states comprising the whole paroxysmal phase; (2) correspondence by similarity of symptoms to the strongest, best marked and most peculiar alternating state (either to the cold stage or to the hot stage or to the sweating stage, each with its accessory symptoms, according as the one or other alternating state is the strongest and most peculiar).

But the remedy selected to stop the paroxysms must be also acute remedies and not anti-psoric drugs having deeper action.

The most appropriate remedy would be that which is homœopathic to the symptoms of the patient's health during the interval between successive paroxysmal attacks.

#### TIME OF ADMINISTRATION OF THE REMEDY :

1. The most appropriate and efficacious time for administration of medicine in these cases is—immediately or very soon after the termination of the paroxysm.

Explanation : At the commencement of the apyrexial period the vital force of the organism is in the best possible condition to allow itself to be quietly altered by the remedy.

2. If the stage of apyrexia be very short the medicine may be administered during the declining period of the paroxysm.

#### REPETITION OF MEDICINE :

1. Very often a single dose of the best selected remedy stops the paroxysms and cures the patient.

2. Sometime the same medicine in the same potency has to be administered after each attack.

3. When the paroxysms keep on recurring but the same group of symptoms remaining, the medicine has to be given according to plus system (the method written by Hahnemann in the Sixth Edition of Organon).

4. There are, at times, cases where the attacks return after several days' well-being.

This return of the same fever after a period of healthy interval, indicates that the previous morbid agent is still acting upon the convalescent, as is the case in marshy regions. Change of place to a healthier and drier climate brings about permanent cure.

But if the apparently indicated remedy fails to cure the patient when there is no adverse climatic influence some latent psoric infection is to be suspected and anti-psoric treatment should be started.

#### TREATMENT OF EPIDEMIC OF INTERMITTENT FEVERS IN SITUATIONS WHERE NONE ARE ENDEMIC :

1. They are, also, of the nature of chronic diseases.
2. They are composed of single acute paroxysms.

3. After observation of a good many sufferers of this type of disease, a "genus epidemicus" may be discovered and that single remedy will cure all patients who were healthy before the appearance of the epidemic, indicating, thereby, that they were not psoric.

4. The 'genus epidemicus' remedy fails in patients who have been debilitated by allopathic treatment and have the latent psora developed thereof. These subsequent attacks are not really attacks of epidemic intermittent fever but those of psoric intermittent fever which needs anti-psoric treatment.

#### TREATMENT OF VERY PERNICIOUS INTERMITTENT FEVERS ATTACKING INDIVIDUALS NOT RESIDING IN A MARSHY PLACE :

1. These cases are to be treated with ordinary homœopathic remedies as are done in cases of ordinary acute cases.

2. If the apparently indicated remedy fails, previous psoric infection is to be suspected and anti-psoric drugs are to be employed as they are cases with psora on the point of its development.

#### TREATMENT OF INTERMITTENT FEVERS ENDEMIC IN MARSHY DISTRICTS AND TRACTS OF COUNTRY FREQUENTLY EXPOSED TO INUNDATIONS :

1. A perfectly healthy man, observing scrupulously all the hygienic and dietetic rules may escape attack with this type of disease and become immune to that particular infection.

2. Even if he catches the infection on his first arrival—one or two doses of potentised China would speedily cure him.

3. But the infection of marsh-intermittent fever can not be got rid of by one or a few of such small doses of China. In such persons, psoric infection is at the back-ground and they need anti-psoric treatment for cure.

Apparent recovery takes place by change of climate and psora, if not well-developed returns to its previous latent state and the febrile paroxysms stop ; but in cases of developed psora anti-psoric treatment is indispensable.

SEC. 246-258.

#### Mode of Employing Remedies in Chronic Diseases.

The general rule, in *chronic diseases*, is not to repeat a remedy till improvement continues. *Acute diseases* bear repetition of the remedy—

the frequency of repetition depending on the intensity of the disease.

A single dose of an appropriately selected homœopathic remedy may at times, continuously act for 40, 50, 60 or even up to 100 days and bring about complete cure. But Hahnemann was ever on the look out for finding better methods of administration of drugs which will reduce the period of treatment and expedite cure. In a long foot-note to Sec. 246 he wrote explicit instructions to that effect. He laid down there conditions which are to be fulfilled in hastening cure, which are as follows :—(1) First, the medicine selected must be perfectly homœopathic to the disease ; (2) Secondly, the medicine must be given in high potencies ; and (3) thirdly medicine is to be repeated at intervals (which might depend on the nature of each case) with the precaution *that the degree of every dose should deviate somewhat from the preceding and following.*

As regards the third condition Hahnemann discovered a method (in the 6th Edition 1842) different from what he followed when he published the 5th edition (1833) of Organon.

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HIS INSTRUCTIONS AS LAID DOWN IN THE 5TH  
EDITION OF ORGANON :

1. Hahnemann chose the thirtieth potency of a drug homœopathic to acute or chronic cases ; and in case of a chronic disease that drug should always be allowed to exhaust its action before a *new medicine* is given or the *same one repeated.*

2. But his later experience showed that one such smallest dose (*i.e.*, a single minute globule saturated with the medicine) of the thirtieth potency of a drug was insufficient to effect all the curative action that might be expected from the medicine.

3. To expedite cure (a) he tried repetition of the same remedy every day for three successive days—but the result was aggravation of the disease.

(b) Instead of one single globule of the best selected remedy he administered six, seven or eight of them at once and even a half or a whole drop—the result was unfavourable, often very bad, causing irreparable injury to the patient.

(c) He tried lower potency of the remedy in a large dose—the result as bad as with afore-said methods.



(d) He tried repetition of the drug in lower potencies in quick succession—the same unfavourable effect.

4. So he hit upon a *via media*, which is as follows :

(a) He advised administration of the thirtieth of a well-selected drug, not oftener than every *seven days*, even in robust patients and in fully developed psora ; or such a dose, only every *nine, twelve or fourteen days* to be repeated until it causes to be of service, in a weaker and more excitable patients of this kind.

He found that psoric diseases required four to ten such doses for complete cure.

(b) In acute cases, the time for repeating the best selected homoeopathic drug depends on the seriousness and rate of evolution of the disease. A dose should be repeated after 24, 16, 12, 8, 4 and even few hours or even every five minutes when the urgency of a case depends such.

(c) In *purely syphilitic cases* a single dose of Mercurius met. 30 may be sufficient in some cases ; or the disease may require two or three such doses every 6 to 8 days, when the slightest complication with psora was perceptible.

But in the Sixth Edition of Organon Hahnemann made a great departure in the preparation of remedies and their methods of administration. He now departs from the single dose administration but advises repetition of doses even several times daily to expedite cure in chronic cases. He discovered a new technique of potentiising the remedies and a new method of administering them.

### **The New Method of Potentiising Remedies and the Method of Administration of Doses of the Drugs.**

The new method of dynamisation of drugs known as "*Medicamentum an globuli*" will be described later on under Sec. 270.

#### **THE NEW METHOD OF REPEATING THE DOSES OF MEDICINES:**

One globule of medicine prepared after the new method of dynamisation is dissolved in 7-8 tablespoonfuls of water and after thorough succussion (with 8, 10, 12 succussions) of the vial one tablespoonful is taken and put in a glass of water (containing about 7 to 8 spoonfuls) ; then this is stirred thoroughly and a dose is given to the patient.

If the patient is unusually excited and sensitive, a teaspoonful of the above solution may be put in a second glass of water, thoroughly stirred and teaspoonful doses or more be given.

There are patients of so great sensitiveness that a third or fourth glass, similarly prepared, may be necessary. Each such prepared glass must be made fresh daily.

"The globule of the high potency is best crushed in a few grains of sugar of milk which the patient can put in the vial and be dissolved in the requisite quantity of water.

Dr. Elizabeth Wright describes this as "Plussing" method. She writes, "Plussing means dissolving your dose in a third glass of water, taking two spoonfuls, throwing away most of the rest, adding water up to the original quantity, stirring and succussing and again taking two spoonfuls as the second dose and so on. This raises the potency very slightly between each of the doses, gives somewhat wider range of plane, and is particularly indicated in stubborn and refractory cases."

Such one or (increasingly) several teaspoonful doses are given daily or every second day in *chronic diseases*.

In acute cases such doses can be repeated every 2 to 6 hrs. and in *very urgent cases* every hour or oftener.

In chronic diseases the deep-acting remedies prepared in such a way may be repeated daily for months with ever increasing success. After such administration of the remedy for seven to fifteen doses, if the same medicine is found to be still indicated, one or several globules of the higher potency of the same drug is dissolved in requisite quantity of water and doses repeated as in the previous manner—thus higher and higher potencies of the drugs may be continued till the patient experiences continued improvement.

If new symptoms appear, another more homœopathically indicated medicine must be chosen and administered in the same repeated doses—modifying the solution of every dose with thorough vigorous succussions, thus *changing its degree of potency and increasing it somewhat*.

Towards the end of the treatment of a chronic case, homœopathic aggravation of the disease may take place—in such a condition the doses must be *reduced till further* and *repeated at longer intervals* and possibly *stopped several days* and the aggravation of symptoms will pass off and the health of the patient will be restored.

Where medicine was administered by *olfaction method*, the solution contained in the vial used for the purpose, which was used by olfaction every 2, 3 or 4 days, must also be thoroughly succussed 8 or 10 times before each olfaction.

Every aggravation by the production of new symptoms—when nothing untoward has occurred in the mental or physical regimen—invariably proves unhomœopathicity on the part of the medicine formerly given in the case concerned, but never indicates the weakness of the dose. Subsequent management in such a case is exactly what was discussed before, *i.e.*, if the aggravation of symptoms is violent, they are to be antidoted first by appropriate remedy and then the next remedy has got to be chosen which will be best homœopathic to the altered condition; or if the aggravation is slight or moderate, the next remedy chosen to be the 'similimum' for the condition, should be immediately given.

A faulty prescription leading to worsening of the state of the patient by occurrence of new symptoms and sufferings must always be corrected by a second most homœopathic remedy.

Repetition of second dose of the same medicine is advisable when administration of certain drugs (like, Ignatia, Bryonia, Rhus tox., and Belladonna etc.)—which have the power of producing *alternating* symptoms—is not followed by any improvement—

Failure in showing any improvement in a case after the administration of the most suitable anti-psoric remedy—indicates that either

1. the cause that maintains the disease still persist,

- or 2. there is some circumstance in the mode of life of the patient or in the situation in which he is placed, which must be removed so that permanent cure may ensue.

Earliest signs of improvement in a case are perceptible through the state of mind of the patient, *viz.*, a greater degree of comfort, increased calmness and freedom of the mind, higher spirits—a kind of return to the natural state.

Earliest signs of aggravation or worsening of the case is indicated by the exact opposite of the aforesaid mental conditions, *viz.*, a constrained, helpless, pitiable state of the disposition of the mind, of the whole demeanor, and of all gestures, postures and actions, which may easily be perceived on close observation, but cannot be explicitly described in words.

### Sure Signs of Improvement in a Case after the Administration of a "Similimum".

1. An improvement in the state of mind and disposition.
2. No appearance of any new, unusual symptom.
3. Diminution of the old symptoms or none of the old symptoms are worse.

The state of aggravation in the patient is apprehended if he points out some *fresh accidents and symptoms of importance* even though he might assure his physician that he feels better. *E.G.* Occurrence of a lung abscess in a phthisical patient is surely a bad sign even if the patient feels temporarily better—and the worsening of the patient's condition will be clearly made manifest very soon thereafter.

### ONE CAUTION TO THE HOMŒOPATHIC PHYSICIAN:

The Homœopathic physician should always be guided by the totality of symptoms in each case. He should never fall into the habit of making favourite medicines for nosologically-labelled disease conditions. Such a habit will induce him to overlook *rare remedies* which might happen to be indicated in any particular case.

A remedy is homœopathic not by its peculiar method of preparation but by the mode of its application according to the principle of symptom-similarity between the drug-disease and the natural disease. A remedy is neither good nor bad for any particular diseased condition—if it is homœopathic to the case concerned it will be curative for that case.

### Management of Acute Diseases.

1. Examine the entire symptom-complex and select a drug on the totality of symptoms.

2. If the totality indicates any drug clearly, give it preferably, first, in a medium potency (12 or 30) and watch, as far as possible, the effect of each dose, repeating at first, perhaps, every two or three hours.

- (a) If improvement sets in, well and good—stop the remedy or at least lengthen the interval between doses while improvement lasts.

- (b) If improvement ceases, reconsider the case, to determine if the indications then point to a change of remedy.

- (c) If they do not, repeat the first chosen drug and preferably in a higher potency.

3. If however, a drug, apparently well-indicated, fails to relieve the case (with the first selected medicine potency) give it a trial in a much lower or higher potency before deciding that it has been wrongly chosen and needs change. As the case proceeds, however satisfactorily, fresh indications must be constantly looked for, especially any that may point to some fundamental constitutional factor needing attention.

4. When a short-acting remedy (*e.g.*, Aconite, Belladonna etc.) has almost cured the patient, a corresponding deep-acting remedy is often required to finish the cure but there should never be any haste to give the latter drug so long as the improvement continues and progress is steady.

### Management of Chronic Cases.

Such cases fall into two great classes :

(i) Those with many symptoms both objective and subjective, both general and local.

(ii) Those with objective symptoms of tissues-changes and others clearly dependent on those changes, but with few subjective symptoms.

For the former (i) type of cases :

1. Select the remedy on the totality of symptoms after properly evaluating them.

2. Give a single dose (or two at a short interval of hours) of a potency not lower than 30c and give it a reasonable time to produce an effect.

(a) If no result follows after 10 or 14 days the drug is probably wrongly selected. Restudy the case more closely and try to find out any obstacle to cure.

(b) If there is no effect and yet if the case has a well-marked totality and the tissue-change has not progressed far in the degenerative direction (*i.e.*, irreversible changes like sclerosis etc.) it is advisable for the physician to conclude that the fault lies in his selection of the remedy and to devote yet more study and patience to the task.

3. If immediate improvement follows the first prescription—wait and don't spoil the case by your attempt to do better.

A chronic case of months or year's duration must be allowed proportionate time to recover.

(a) Never repeat the remedy as long as the improvement continues.

(b) When improvement ceases, give the remedy in the potency first chosen.

(c) If improvement does not follow this time give a *higher potency* and so proceed with the idea that, as a rule, higher potencies maintain their effects for a longer time. If the general course of a case is towards recovery, the minor incidental aches and pains should not be separately prescribed for ; it is not a good practice to multiply remedies.

(d) If an intercurrent symptom be very troublesome and apparently unaffected by the main remedy which is improving the general condition, then there is no harm, but only good, in the use of an intercurrent remedy to relieve it. This will, often, be found to be related to the main remedy in curative power (*E.G.* Aconite is to Sulphur). It should be given in a *low potency* and never lightly given at all.

4. From time to time symptom-complex is to be reviewed as a whole. In course of recovery there may be a return of old symptoms and often forgotten previous troubles. These are not to be regarded as indications for a new remedy if they can be so identified.

5. It is a general rule that symptoms disappear curatively in the reverse order of their appearance, the last observed being the first to disappear.

6. Instead of immediate improvement there is sometimes seen a marked aggravation of symptoms.

(a) If the aggravation is mainly on local symptoms (*e.g.*, pain or intensification of skin-affection or joint-swelling) and if simultaneously the patient has (as often he does have) a sense of improvement—aggravation is to be regarded as favourable rather than the reverse.

(b) It will almost certainly pass over to an improvement—which is to be treated as described in (3).

7. If the aggravation does not pass over to amelioration and particularly if the symptoms that become worse are the most deep-seated ones, the outlook is grave.

(a) There are undoubtedly certain cases (*e.g.*, advanced phthisis) wherein there is not vital energy enough left to eradicate the disease, but where a careful handling will carry the patient along, however, in a somewhat inefficient way. To give a deep-acting remedy like Silicea, Sulphur, to such cases, is occasionally to induce a violent reaction, which uses up great deal of patient's strength, yet, not being enough to produce cessation of the disease, leaves him ultimately worse than before he was thus treated.

In such cases, if a deep-acting remedy is not indicated, do not use it, at first, in a potency higher than the 12th, and only proceed higher with much care and attention.

If there is reason to believe that recovery is impossible, there is still much to be done by attacking the problem from the tissue-side *E. G.* many a chronic tuberculosis of the lungs, incapable of being permanently checked, can be carried along in comfort with remedies like Arsenicum Alba, Stannum, Iodine, Sanguinaria etc., in low potencies and repeated doses.

8. If aggravation persists, it is sometimes possible to antidote the effects of the previous remedy with another drug.

For the latter type of cases :

1. In these the disease has reached what is often called the ultimate stage. Broadly speaking, a symptom-complex that has many subjective symptoms in it may be regarded as evidence of the body-reaction to disease ; when this reaction is poor or absent the chances of successful cure are not good and palliation may be the only resource. In any case, the physician's attentions are now to be directed rather to low potencies and tissue-remedies and frequent repetitions of drugs.

2. If all else fails and pain has to be relieved, narcotics like morphia etc. might be a last resource but a closer study of the case can often give a clue to a similar remedy which will be more effective than the narcotics with none of its attendant bad after-effects—provided there are no mechanical obstacles to recovery which might need surgical interferences.

### Considerations for Selecting the Potency of a Drug.

It is generally held that any curable disease may be cured by any potency of the drug provided it is the most homœopathic remedy to the disease concerned ; but the speed with which the cure will be effected depends on the potency of the drug as well.

There are five-fold considerations for choosing the potency of a homœopathic drug :

1. The susceptibility of the patient.
2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease.
5. The previous treatment of the disease.

## 1. The susceptibility of the patient :

"The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy and the higher the potency required."

There are several factors which modify the susceptibility of a patient.

(a) Susceptibility is modified by age.

(i) Susceptibility is greatest in children and young vigorous persons and diminishes with age.

(ii) Children are particularly sensitive during development and the most sensitive organs are those that are being developed, *e.g.*, the cutting of teeth etc. Therefore medicines having a peculiar affinity for those organs should be given in *medium or higher potencies*.

(b) Susceptibility is modified by constitution and temperament.

(i) Higher potencies are best adapted to sensitive persons of the nervous, sanguine, or choleric temperament ; to intelligent and intellectual persons, quick to act and react ; to jealous and impulsive persons.

(ii) Lower potencies and larger and more frequent doses correspond better to torpid and phlegmatic individuals, dull of comprehension and slow to act ; to coarse-fibred, sluggish individuals of gross habits ; to those who possess great muscular power but who require a powerful stimulus to excite them—when ill they often require low potencies or even sometimes material doses.

(c) Susceptibility is modified by habit and temperament.

(i) Susceptibility increased by intellectual occupation, by excitement of imaginations and emotions, by sedentary occupations, by long sleep, by an effeminate life. Such persons need higher potencies.

(ii) People who are accustomed to long and severe labour out-of-doors, who sleep little and whose food is coarse are less susceptible.

(iii) Persons exposed to continual influence of drugs etc., possess little susceptibility to medicines and usually require low potencies—except where their influence is directly caused by some particular drug influence when a high potency of the same or similar drug may prove to be the best antidote.

(iv) Idiots, imbeciles, deaf and dumb possess low degree of susceptibility.

(v) Persons who have already taken many crude drugs often require high potencies.



(d) Susceptibility is modified by pathological conditions.

(i) In certain terminal conditions the power of the organism to react, even to the indicated homœopathic remedy, may become so low that only material doses can arouse the vital reaction.

(ii) It being solely a question of approximating the quality and quantity of the dose to the grade or plane of the disease, according to the law of similars—if the grade of the disease is low, power of reaction low, the remedy must be given in low potency.

When the finer shading of symptoms belonging to acute conditions, in vigorous, sensitive patients do not appear; and there are only common pathological symptoms, organ symptoms, gross terminal symptoms and symptoms that correspond to effects of crude drugs in massive toxic doses, in a case—potentized medicines will not act.

2. The seat of the disease, its character and intensity.

(i) Certain malignant and rapidly fatal diseases like cholera etc., may require material doses or low potencies of a drug.

(ii) Diseases characterised by diminished vital reaction require the lower potencies; while diseases characterised by increased vital reaction respond better to higher potencies. In short the higher the susceptibility, the higher the potency.

3. The stage and duration of the disease.

At one stage of the disease when the vital reaction is low, the patient may need a low potency and frequent repetition (*e.g.* in collapsed condition of cholera) and at another a high potency.

A good homœopathic physician should never confine himself to a single potency but should be ready to use the whole scale of potency from the lowest to the highest according as the occasion demands.

4. The previous treatment of the disease.

In some cases due to abuse of too many drugs in crude doses the patient seems to lose all susceptibility for the time being. In such conditions it is advisable to cease all medication for a few days and carefully regulate the diet and regimen. Then medication may be started again according to the other factors, either a low or medium potency.

#### MEDICINAL AGGRAVATION AND THEIR INTERPRETATIONS.

1. If the aggravation is long, with a decline of the patient's strength —the case is incurable and can only be palliated.

2. If the aggravation is long, with a slow improvement  
—the case is just taken up before it was too late ; all will be well if the remedy is not too soon repeated.
3. If the aggravation is short and violent  
—the patient has enough vitality and the best results will follow.
4. If the quality and quantity of the remedy administered are in exact proportion to the quality and quantity of the disease-force—  
—there will be ideal cure *i.e.*, cure without aggravation.
5. If there is an immediate amelioration, followed soon by aggravation  
—it is a failure, the case is incurable.
6. If too short an amelioration follows a pronounced aggravation  
—it will prove incurable (especially in a psoric case)
7. If a full time amelioration of symptoms occurs without any increase in the patient strength  
—he will prove too weak for a restoration to health.
8. If the patient develops symptoms of the remedy given without improvement in his disease symptoms  
—the case is a hard one to treat as he is very sensitive to all remedies like a prover.
9. If the old symptoms appear with the aggravation  
—one has to wait and need study no more ; the most suitable remedy has been selected.

(Adapted from Boger's Boenninghausen's  
Characteristics and Repertory).

### Repetition of Remedies.

Three rules are to be observed for not changing a remedy, which are as follows :

1. Never repeat a remedy when the patient himself is improving.
2. Never change a remedy when symptoms are following Hering's Law of Cure *i.e.*,

from within outward,  
from above downward,  
and symptoms appearing in the reverse order of the  
sequence of symptoms.

3. Never change your remedy when a discharge or eruption follows the administration of a remedy.

### **Regarding the Administration of a Drug as an Intercurrent Remedy there are Two Schools of Opinion :**

(1) According to the French School :

A main deep-acting remedy is given in high potency and one or more so-called drainage remedies with it in low potencies—the idea being that the drainage remedy opens up an outlet for the exodus of the disease.

(2) According to the pure Kentian School :

The idea of administering an intercurrent remedy is not at all favoured. Their view is that when after a series of potencies of the same remedy, a new remedy is sought to stir up or develop the case—this is not an intercurrent but at that moment the *similimum*.

### **Administration of a remedy in one or more doses.**

There seems to be some difference in opinion amongst the homœopaths regarding this subject.

(1) The high potentists favour the single dose, although two, three, or more doses of a high potency may be given at short intervals—every 4, 8 or 12 hours—especially in very acute cases with fever.

*N. B.* As soon as a favourable reaction sets in the administration of the remedy must be stopped.

(2) Gordon of Edinburgh promulgated the theory of double doses *i.e.*, he gave his remedies in two doses, 8 hours apart, the first dose of a lower and the second of higher potency or “*vice versa*.” This has not yet been sufficiently tried out for unanimous acceptance.

(3) Another method is that of “*Plussing*” (the method has been described before).

*N. B.* If a change of remedy is indicated in acute disease there will often be a reversion or return towards the close of the disease to the primary remedy.

### **The Second Prescription.**

It means “the one after the previous remedy that has acted.” According to Kent there are three possibilities for the second prescription :

Either repetition,  
antidoting,  
or complementing.

## 1. Indications for the repetition of the drug :

## (a) Return of the original symptoms of the patient.

Kent's method : Each remedy is to be repeated, in the same potency, twice and then changed to a higher potency in a series *e.g.*, 200, 1M, 10M, CM. etc.

(b) If the patient complains that his general sense of well-being has come to a stand still but the original symptoms have not yet returned—we have to wait as often improvement goes in cycles and the good turn will commence again of itself.

(c) Even if the patient complains that he himself feels worse—we have to wait and watch for the return of original symptoms before repeating the dose.

(d) Even if the symptoms change, but the patient feels and seems still improved—the remedy is not to be changed.

## 2. Indications for the change of remedy in the second prescription :

## (a) Indication for change of remedy :

Where new symptoms appear after the first prescription without amelioration in the general well-being of the patient and remain—the first prescription is unfavourable and has to be antidoted.

The selection of this *antidotal second prescription* is based on original symptoms plus the new symptoms with more emphasis on the new ones.

## (b) Indication for a change for a complementary remedy :

When the first remedy does not seem to have fathomed the case and some residual symptoms seem to persist. *B. G.* Belladonna is complemented by *Calcarea Carb.*

(c) Indication for a new remedy belonging to a different miasmatic group :

When a case is complicated with psora, syphilis and sycosis, the symptom-groups change according as the psoric, syphilitic or sycotic condition becomes more predominant and comes to the surface.

### Evaluation of Symptoms.

It is inconceivable that any finite mind can remember a vast literature of finely differentiating manifestations of drug actions as recorded in the Homœopathic Materia Medica. Hence it is necessary to evaluate these manifestations in such a way as to give them practical importance.

Evaluation of symptoms manifested by a sick person is a technique peculiar to the homœopathic art of healing and implies the principle of grading or ranking of different kinds of symptoms in order of priority, which are to be matched with the drug-symptoms in order to cover the totality of symptoms in a natural disease-condition with that of the drug-disease.

Homœopathy is based on individualisation of the patients as well as of the drugs. Every individual is characterised by some unique features which serve to denote that particular individual from other individuals belonging to the same class or group.

In every diseased condition we find symptoms of the following orders :—

(1) Symptoms referring to a disease of particular nosological type  
—helping us for *disease-determination*.

(2) Symptoms referring to the particular tissues and organs of an affected person  
—helping us for *disease-individualisation*.

(3) Symptoms referring to the individuality of the patient which modify or qualify the symptoms of the disease he is suffering from  
—helping us for person-diagnosis.

In Homœopathy we do not stop with the diagnosis of the disease but go further to diagnose the patient as well.

The disease-diagnosis is a double process and consists in disease-determination and disease-individualisation.

The placing of a nosological label will help us to utilise in full our knowledge of clinical science, of the natural history of disease; and it is through the fiction "disease" that we shall better appreciate the reality, the individual patient. Clinicians who have disregarded disease-diagnosis and grasped immediately at the "individual physiological diagnosis" have fallen to chaos and error. On the other hand the limitation of diagnosis to the disease-determination is equally erroneous and leads to therapeutic sterility. Disease-determination can be effected through the analytical process or through the intuitional process; usually the two are combined. It presupposes in both a great knowledge of clinical science acquired at the bed-side and through books.

But this is but the first step: We have to individualise disease. Disease individualisation consists in determining the individual features that the disease phenomena *e.g.*, pneumonia, gastric ulcer, etc. show in our particular patient. In every patient, the 'disease' as listed,

in the nosological table of a practitioner of the orthodox school, shows *special features* in the individual patient considered and these should be determined.

Here disease-individualisation should not be confused with the diagnosis of the person. 'Disease-individualisation' is the answer to the question : What particular features the disease, say, pneumonia or gastric ulcer, shows in our individual patient ? The diagnosis of the person is the answer to the question ; what kind of a man is our patient who has developed pneumonia or gastric ulcer, thus independently of his actual disease under consideration ?

Thus we come to the third phase of Diagnosis, *i.e. the diagnosis of the person* (or the constitutional individuality) of the patient. To understand this, independently of his disease, three things have to be investigated :

(a) his actual psycho-physical construction ;

(b) his development, *i.e.*, the phases through which the patient has passed to reach his present actual psycho-physical constitution of personality, including the hereditary investigation ;

(c) his environment and his reciprocity with it through actions and reactions manifesting themselves in and through the living organism.

So the complete diagnosis of the individual sick person resolves into

(1) Disease diagnosis  $\left\{ \begin{array}{l} \text{disease-determination} \\ \text{disease-individualisation.} \end{array} \right.$

(2) Constitutional diagnosis  $\left\{ \begin{array}{l} \text{actual constitutional diagnosis} \\ \text{developmental constitutional diagnosis} \\ \text{environmental constitutional diagnosis.} \end{array} \right.$

From the homœopathic point of view the complete diagnosis of the case includes complete symptomatology of the disease and the characteristic features of the person suffering from the said disease. The completeness of a symptom implies its locality, its sensations, its modalities and its concomitants. The totality of the symptoms implies the logical combination of general and particular aspects of symptoms so as to bring out the concrete individual image of the disease. An image implies a particular form consisting of parts which constitute the whole ; and disease is the outwardly reflected image of the derangement of the inner vital force. Hahnemann's explicit directions are that a physician

should be particularly and most exclusively attentive to those symptoms that are particular or peculiar or characteristic of the patient and not to those that are common to the disease.

In the art of covering the symptom-totality of the patient with the symptom-totality of a drug those symptoms which indicate the individual personality of the patient and the drug are to be matched first and given the highest order of priority in choosing the homœopathic similimum for a case.

(1) Therefore the symptoms (mental and physical) which refer to the patient as a whole receive the first consideration.

(2) Next come the strange, rare, and uncommon symptoms which can neither be accounted for physiologically, anatomically, or pathologically, which are unique and consequently expressive of the individuality of the patient.

(3) Thirdly, come the particular symptoms referring to the particular parts, tissues or organs of the patient. Here the particular symptoms are made complete when they are studied in relation to their locality, sensation, modalities and concomitants.

(4) Next and last come the common symptoms which are merely diagnostic symptoms *i.e.*, common to all diseases belonging to the same nosological type and corresponding to the common symptoms observed in various drug-provings.

In short the more a symptom possesses the individualising feature the higher the place it occupies in the evaluatory gradation. As the mental symptoms and physical general symptoms are individualising in the highest degree—the homœopathic similimum drug must cover those symptoms. And it must also be noted here that the guiding principle is that the general symptoms will always rule out the non-agreeing particulars in the task of ascertaining the totality of symptoms which is not merely a numerical aggregate of symptoms but relates to the synthetic comprehension of a concrete individual whole picture of disease through the logical or rather a-logical combination of peculiar, individualising symptoms and the particular symptoms in the setting of general symptoms, both mental and physical *i.e.*, those symptoms which are predicated by "I and My and Me," *i.e.*, referring to the organism as a whole.

Kent has given us a schematic table for evaluation of symptoms, which is quoted below :—

## I. GENERAL SYMPTOMS.

Which relate to the patient as a whole *e.g.* his bodily reactions to environment, his mental and emotional states, his aversions and desires, his body secretions and discharges.

## (1) First Grade Generals :

•(a) Those symptoms that are rare and peculiar ;

Or (b) those that are characteristic of the remedy.

(c) Symptoms that relate to the will, the loves, the hates, the fears, the desires and aversions, the perversions of understanding and memory.

## (2) Second Grade Generals :

(a) Those pertaining to the rational mind and intellect.

(b) The Body reactions to the environment.

*E. G.* (i) Weather and climatic influences, foods that aggravate, extremes of temperature, positions, motions, etc.—as they affect the body as a whole.

(ii) Such symptoms as refer to aggravation and amelioration from bathing, wetting, pressure, touch, rubbing, jarring, defecation sleep, dreams, parts of day, time, months and seasons, etc.

(iii) Sides of the body as left and right, semilateral, oblique, alternate sides, changing about from side to side or various parts of the body, congestions, contractions, discolouration of parts, atrophy, etc.

(iv) Symptoms relating to special senses are also taken as generals, *e. g.* various odours making one sick, the smell of cooking nauseates, oversensitiveness to sound, noise, light, etc.

(c) Physical appetites.

(d) Sexual symptoms.

(e) Body secretions, and discharges, because such are elaborated by the organism as a whole.

(f) Modalities as to time, and conditions of aggravation and amelioration.

## (3) Third Grade Generals :

(a) Common symptoms *e.g.*, headache, malaise, fever etc.

Or (b) Those symptoms common to the provings of many remedies.

*N. B.* Common symptoms may be expressed in general symptoms of the patient as a whole or they may be found in the particular parts of the body.



## II. PARTICULAR SYMPTOMS.

Which relate to organs and parts.

(a) High grade particulars :

Those that are rare and unusual.

*E. g.* Inflammations without pain, thirst without fever or fever without thirst or itching of skin without eruptions.

(b) Second Grade Particulars :

The modalities qualifying the particular symptoms.

(c) Third Grade Particulars :

Common symptoms relating to particular tissues or organs.

## III COMMON SYMPTOMS.

Which are common to provings of many remedies or to natural disease-conditions, *e.g.*, headache, diarrhoea, etc.

SEC. 259—263.

**Diet and Regimen in Acute and Chronic Diseases.**

It was discussed before that proper hygienic and dietetic measures must be taken recourse to before administration of remedial drugs which are used as specific stimuli to rouse the vital force to react against the morbidic agents and overcome their noxious influences.

The most important broad principle to be observed in this connection is that during the treatment everything must be removed from the diet and regimen which can have any medicinal action, in order that the small dose of the medicine may not be overwhelmed and extinguished or disturbed by any foreign medical irritant.

*In Chronic Diseases* we have got to be more careful in dietetic and hygienic matters as they may easily upset the patient in a surreptitious manner. The following things are to be avoided :

(1) Coffee ; fine chinese and other herb teas ; beer prepared with medicinal substances ; liquors ; all kinds of punch ; spiced chocolate ; odorous waters and perfumes of many kinds ; strong-scented flowers in the room ; both powders and essences etc. ; highly spiced dishes and sauces ; spiced cakes and ices ; crude medicinal vegetables for soups ; dishes of herbs, roots and stalks of plants possessing medicinal properties ; asparagus and all vegetables possessing medicinal qualities, celery, onions ; old cheese, and meats in a state of decomposition etc.

(2) Excesses in food and in the use of sugar and salt and spirituous drinks :

(3) Heated rooms, woolen clothing next the skin.

(4) A sedentary life in closed apartments or frequent indulgence in passive exercise (such as riding, driving or swinging), prolonged suckling, taking a long sleep in a recumbent posture in bed, sitting up long at night.

(5) Uncleanliness, unnatural debauchery, enervation by reading obscene books, reading while lying down.

(6) Onanism or imperfect or suppressed intercourse in order to prevent conception.

(7) Subjects of anger, grief or vexation, a passion for play, over-exertion of mind or body, especially after meals.

(8) Dwelling in marshy districts, damp rooms, poor living etc.

*N. B.* Even during Hahnemann's time his followers wanted to outdo him in their strictness in dietetic and hygienic matters to which he wrote : "some of my disciples seem needlessly to increase the difficulties of the patient's dietary by forbidding the use of many more, tolerably indifferent things, which is not to be commended."

The most suitable regimen during the treatment of chronic diseases consists in :

(1) removal of the above-mentioned obstacles to recovery ;

(2) supplying where necessary the reverse ;

(3) innocent moral and intellectual recreation ;

(4) active exercise in the open air in almost all kinds of weather ;  
*e.g.*, daily walks, slight physical labour etc.

(5) suitable, nutritious, unmedicinal food and drinks etc.

#### IN ACUTE CASES.

(1) The instinctive desires of the body with regard to food and drinks should be allowed to be satisfied by the physician and the patient's attendants.

These bodily instincts crave chiefly for things that would give palliative relief.

Even if the satisfaction of the desires seem to interfere with the cure of the disease, it is more than made up by the refreshment that follows such satisfactions and by the superior curative efficacy of the drug homœopathically chosen for the case.

(2) The temperature of the room and the heat or coolness of the bed-coverings must also be adjusted according to the patient's wish and comfort.

(3) All over-exertion of mind and exciting emotions are to be strictly avoided.

#### A NOTE ON BOENNINGHAUSEN'S INSTRUCTIONS REGARDING HOMŒOPATHIC DIET.

Dr. Boenninghausen made a further study of dietary which a patient should observe while undergoing a homœopathic treatment and published a brochure on that for the lay public in 1833. The relevant portions of that valuable paper are extracted and quoted below :

Every article of food ought to be free from medicinal virtue, since this causes variations in his condition, and thus must make healthy men more or less ill, even if this should be only transitory. The long continued use of many medicinal substances in many cases dulls the susceptibility for them, so that the vital force eventually is no more affected thereby. But experience has proved that dynamisation of drugs have so much increased the intensity (doubtless immaterial) of the medicinal virtue that all grossly material influences can affect it but little or not at all. So some amount of laxity in dietary may be allowed now. In chronic cases patients are forbidden, besides the actual medicines of all kinds, only coffee and strong tea, heating drinks, spices and strong odours, especially camphor.

#### Food Permitted.

##### 1. MEAT.

Meat : Beef, mutton, venison, raw hams, chickens, turkeys, capons which have not been fattened too much), grown pigeons (not too young)—cooked plainly and not spoiled by being seasoned with medicinal substances (*e.g.* spices).

Fish : to be eaten only in moderation, and only at noon, not in the evening. Animal food : Butter, raw or soft-boiled eggs, milk (first boiled, since it frequently contains medicinal virtues from the food of the animals), butter-milk, whey, fresh cheese (not odorous) and unseasoned.

## 2. VEGETABLES.

Well-backed and unspiced bread of clean wheat and baked without the addition of potash as also all dishes made of flour without spices and not too fat. *Vegetables permitted* : Potatoes, ground-nuts, beets, cawlfLOUR, cabbage, spinach, leguminous plants, carrots, parsnips and turnips.

Prepared vegetables : Sour-kROUT, pickled beans, rice, maize, grits and groats of wheat, oats, barley, as also millets, peas, lentils and beans (in moderate quantities) ; sago etc.

*Salads permitted* : Salads which are cooked.

## 3. FRUITS.

All fruits when fully ripe, if sweet, either cooked or raw, *e. g.* cherries, peaches, apricots (cooked without their stones), apples, pears, grapes, raspberries, mulberries, melons, oranges (used without their peelings), pineapples, dates, figs and gooseberries, currants (in most cases), strawberries, fresh walnuts and hazelnuts.

## 4. BEVERAGES.

1. Pure water, boiled and afterwards cooled again, may be rendered tasty by adding sugar, raspberry-juice, etc.

2. Milk, butter-milk, whey (the latter must be freed from its medicinal qualities by boiling).

3. Small-beer, unspiced hot beer, decoctions of dried fruits, gruels of oats, barley or rice, milk of almonds (but without any bitter almonds in it.) ;

Broth of beef, of chickens and of pigeons. •

4. One habituated to drink coffee, must substitute it for decoction of toasted carrots, wheats, rye or barley.

5. A mixture of 5 parts of water with one part of wine may be taken as a daily beverage.

6. Vinegar must be avoided.

## 5. TOILET ARTICLES.

1. As a rule most of the toilet articles are to be avoided.

2. For cleaning teeth : finely powdered charcoal without the addition of any perfume is to be used.

3. A frequent airing of the rooms is recommended instead of fumigation.

4. For bath : clear water with unperfumed white soap is recommended.

## 6. CLOTHING AND MODE OF LIFE.

1. The clothing of the patient ought to be comfortable in accordance with the climatic condition of the place in which he lives.

2. Moderate exercise, especially in the open air ; even a dance in pleasant company, if not too exhausting and when the strength permits it.

3. The patient should try to retain as much possible his accustomed mode of living ; he should sleep, eat and drink according to his desire, neither more or less ; he should not withdraw from any innocent social amusement ; he should try to keep his mind and body in as comfortable state as possible.

4. Exceptions from theses general rules are to be made according to the discretion of the physician.

## Forbidden foods.

### 1. MEAT.

1. Very young or soft-boiled veal, fat-pork, the meat of ducks and geese (the latter three especially harmful in cutaneous disorders), liver, kidneys and brain ; any meat which is very fat or rendered medicinal by the addition of spices or piquant sauces, *e.g.*, sausages, sour roast of rabbits or geese, beef-steak and all animals that have become excessively fat through fattening.

2. Fish : it is safest to avoid them altogether.

Especially injurious are eel, salmon, cod-fish, turtles and shrimps. The roe and milt of herrings, perch and barbs are particularly harmful.

3. Animal food : Hard-boiled eggs, things baked from eggs, raw milk, cream, old stinking or highly seasoned cheese and honey.

### 2. VEGETABLES.

1. All vegetable food and salads which are not cooked.

2. All bread which has not been well fermented or is sticky or badly roasted or such as is cooked with spices, potash, soap, ergot etc.

3. All cakes and cookies, especially such as are very richly prepared.

4. Injurious vegetables *e.g.*, chestnuts, beets, old cole-rabi, artichokes, asparagus, shoots of hops, corn-salad, parsley, Rue, garden-cress, water-cress, horse-raddish, onions (of all kinds), wood-sorrel, mustard, large and small raddishes, truffles, morils and champignons, etc.

5. All spices, *e.g.*, Cinnamon, saffron, ginger, pepper, nutmeg, vanilla, red pepper, bay-beans, soya, lemons, citron, bitter almonds etc.

6. All food (also sauces, cakes, preserves, ice-creams) containing such ingredients with more or less medicinal powers.

### 3. FRUIT.

1. Unripe fruits and frequently also acid fruits do not agree with homœopathic treatment.

2. Currants, strawberries, medlars, acid varieties of apples, pears and cherries, lemons.

3. Cucumbers, raw cranberries, whortleberries, haws, elder-berries, old English walnuts, stale hazelnuts, almonds, olives etc.

### 4. BEVERAGES.

1. Coffee, Chinese tea, decoctions prepared from Chamomilla, Millefolium, Peppermint, etc.

2. Strong drinks *e.g.*, wine, cognac, Arac, Brandy, Rum, Liquors of all kinds, Bishop, Punch, Cardinal, Grog, Chandeau, spiced-wine, Birch-beer, etc. and all the elixirs, cordials, bitters etc.

3. All vegetable acids (*e.g.*, juices of lemon, wood-sorrel, common-sorrel, barberries, sour apples, sour cherries etc.).

4. All kinds of Vinegars, Herb-vinegars, compounded with sharp substances or spices, as also the sauces prepared therewith, or salads and other dishes.

### 5. TOILET ARTICLES.

1. Many kinds of perfumes made of Ambergris, musk and many kinds of etherial oils. Pomades, soaps, smelling mixtures and washes, naphthas, eau-de-cologne, oil of macassar, rouge and other paints.

2. Tooth-powders, Tooth washes, essences made from medicinal substances (*e.g.* sandal-wood, Cascarilla, ambergris, cream of tartar, magnesia, etc.)

3. Snuffs. Fumigation by whatever means (*e.g.* pastils, juniper berries, incense etc.).
4. Medicated baths. External applications of ointments, embrocations, pillows of herbs, fomentations, Vesicatories etc.
5. Camphor, the smell of which suppresses nearly all medicines.

#### 6. CLOTHING AND MODE OF LIFE.

1. In general, all excess is injurious (*e.g.* too light or too heavy clothing). The comfort of the patient is almost the only criterion.

2. Wearing of ear-rings and necklaces of amber, corals, jet, fruits of various kinds or perfumed substances, even those of metals.

Wearing of dyed clothes, especially those dyed black, next to the skin.

3. Mental excitements, over-strain of mind through vexation, grief, fright, anger etc or excessive joy.

Philosophic attitude towards life, calmness in weal and woe—should be cultivated, The balanced condition of body and mind under all circumstances of life maintains the resistance of the organism against all morbidic agents and influences.

#### SEC. 264—271.

#### Pharmacy.

Hahnemann, in these sections, discusses about the sources and preparations of drugs used in homœopathic treatment of doses.

#### HOMŒOPATHIC MEDICINE :

Any drug may be considered to be a homœopathic medicine if it is recorded in "homœopathic provings" or has known physiological affects as causing the symptom-syndromes which it is administered to cure, if it is used in a dose insufficient to cause active physiological effects. (Homœopathic Pharmacopœa, U. S. A.)

#### FOOD AND MEDICINE.

Food is requisite for the healthy. The pure aliments of food and drink satisfies our hunger and thirst and support our strength by replacing the parts (tissues) lost in the vital processes, without disturbing the functions of organs or impairing the health.

Medicines have been found efficacious in diseases. Medicines, however, are never in themselves and unconditionally wholesome but only relatively so. They afford no nourishment. They are abnormal irritants only fitted for altering our healthy body, disturbing the vitality and functions of the organs and exciting disagreeable sensations, in one word, making the healthy ill.

But "many crude animal and vegetable, substances (which are used as food by civilised nations) have greater or less amount of medicinal power and are capable of altering man's health, each in its own peculiar way." But they lose much of their medicinal power (and not their nutritious value) by the process of cooking.

#### THE BEST WAY OF PRESERVING THE MEDICINAL POWERS OF PLANTS :

The medicinal powers of plants are best obtained by (1) mixing their *expressed* juice at once with equal parts of strong alcohol ; (2) decanting and preserving in a well-stoppered bottle, the superincumbent fluid obtained after having waited twenty-four hours for the fibrinous and albuminous matter to settle at the bottom of the bottle ; (3) by adding a double quantity of alcohol to a quantity of fresh juice of plants containing much viscid mucus or an excess of albumen ; (4) by crushing into a pulp the plants containing but little juice (*e.g.* oleander, ledum, sabina etc.) and then stirring up with a double quantity of alcohol and then straining the superincumbent fluid and proper preservation in bottles as before ; (5) by reducing to powder the dried substances and grinding them with sugar of milk to the third trituration and then further potentiating after dissolving a grain of the trituration.

#### METHOD OF PRESERVING DRIED PLANTS, REDUCED TO POWDER :

Crude, unpowdered vegetable substances, however dry, still contain a certain degree of moisture. Although this moisture does not prevent the entire unpowdered drug from continuing in a dry state, it will nevertheless prove to be excessive for the preservation of a substance in a finely powdered form. So the powder is dessicated over a water-bath and thus made like fine grains of sand and stored *for ever* without deterioration of its medicinal value, in well-stoppered and sealed glasses.

#### SOURCES OF HOMŒOPATHIC DRUGS :

1. The mineral kingdom *e.g.* Gold, Silver, Lead, Aluminium, Copper etc., and their Salts.



2. The vegetable kingdom *e.g.* Aconite, Belladonna, Lycopodium etc.  
 3. The animal kingdom *e.g.* Apis mel. ; Lachesis ; Tarantula cub. etc.  
 4. The nosodes—derived from disease-products and causative organisms : *e.g.* Tuberculinum, Medorrhinum, Syphilinum, Influenzinum, Morbillinum etc.

5. The sarcodes *i.e.* remedies prepared from healthy animal tissues and secretions : *e.g.* Thyroidinum, Adrenaline, Cholesterinum etc.

6. The imponderabilia *e.g.* Magnets, Electricitus, Radium, X-Ray etc.

In Homœopathy medicines are used in the form of tinctures and triturations. The insoluble remedies are triturated first to 3x or 4x potencies and then further potentized in liquid *e.g.* alcohol or water. Hahnemann did not know anything about colloids and colloidal solutions ; but his practical instinct solved the problem, though unconsciously.

## SEC. 269.

### Dynamisation of Drugs.

The *modus operandi* of Homœopathic preparation of drugs on the living organism has been a battle-field for the prepossessions of all sorts of critics, and according to their predilections and mental outlooks Homœopaths and non-homœopaths have deified or condemned, panegyrised or decried Hahnemann since his final decision in 1833 in favour of high potencies resting on his conception of dynamisation of drugs through dilutions and succussions or triturations as the potencies are made in liquid or solid form. Hahnemann's views regarding this appeared first in the 5th edition of *Organon* (1833), though the idea was already hinted at in 1829 in the concluding clause of the second note to sec. 278 of the 4th edition of *Organon* (cf. note to Sec. 280 of the 5th edition). It was more explicitly stated in 1826 in a note to 'Thuja' (*Materia Medica Pura* vol. ii, p. 649) which runs as follows :

The discovery that crude medicinal substances (dry and fluid) unfold their medicinal power ever more and more by trituration or succussion with non-medicinal things, and in greater extent the further, the longer and the stronger this trituration or succussion is carried on, so that all their material substance seems gradually to be dissolved and resolved into pure medicinal spirit ; this discovery unheard of till made by me, is of unspeakable value, and so undeniable, that the sceptics, who from ignorance of the inexhaustible resources of nature in the Homœopathic

dilutions, see nothing but mechanical division and diminution until nothing remains (therefore, annihilation of medicinal power) must see their error as soon as they appeal to experiment." This dynamisation theory was further elaborated in 1827 in Hahnemann's short essay entitled, "How can small doses of such very attenuated medicine as Homœopathy employs still possess great power?"—published in Vol. II. of *Materia Medica Pura* (second edition).

Ever since 1796 when Hahnemann hit upon the principle of similars as the therapeutic law of cure he came to administer medicines (homœopathically) in small doses (compared to those in which the orthodox school used) but he took a long time to enter definitely in the realm of infinitesimals. The idea of potentization or dynamisation did not dawn on his mind like Minerva springing "full-armed and grown from her father's brain." It was a gradual growth of development; and like Minerva, it was not "admitted immediately to the assembly of Gods." Hahnemann had to face bitter opposition not only from the orthodox practitioners of the school of medicine but also from his own rank and file. This subject is the strongest as well as the weakest point in the theoretical structure of the homœopathic science. But theories must yield to facts, correctly and faithfully observed and truth is, not unoften, stranger than fiction.

Hahnemann might not be technically the original discoverer of the Law of Similars. Hippocrates, Paracelsus might have glimpses of this law. But all had failed to apply this Law comprehensibly because of their failure to properly graduate and adapt the doses of medicines to be used homœopathically to diseases. The moment Hahnemann discovered the mathematico-physical process of preparing the drugs by "dilution or trituration" according to a scale in a definite proportion of drug to some inert vehicle *i.e.*, alcohol and sugar of milk, the practice of the homœopathic art of healing became practicable. And the sole credit, here, belongs to Hahnemann and none else.

It is interesting as well as instructive to follow Hahnemann with his observations and experiments covering nearly half-a-century of his life. Since 1796 he selected remedies homœopathically but used them in the usual form and in ordinary doses. But he came to notice that cure, in many cases, preceded aggravation of symptoms and entailed consequently more sufferings of the patient; and in some cases definite injury to the patient occurred without bringing eventual recovery of the patient. This led him gradually to decrease the dose. In 1798 we find him

recommending in Hufeland's Journal in an article "some kinds of continued and remittent fevers," the prescription of Arnica root in doses of several grains; Ignatia, 2-3 grains, Opium, gr.  $\frac{1}{2}$ - $\frac{1}{4}$ ; Camphor, 30 to 40 grs.; Ledum, 6-7 grs. In 1798 we find first hints of dilution of drugs; he used to prescribe Sabina and Hyoscyamus in  $\frac{1}{60}$  gr.— $\frac{1}{30}$  gr. of the concentrated solution; and Stramonium, gr.  $\frac{1}{1000}$ —gr.  $\frac{1}{100}$  of concentrated juice. During 1799—1801 he advocated very small doses and so-called infinitesimal doses. In a treatise "Treasury of Medicine and Collection of Selected Prescriptions" we find increasing number of remarks concerning very much small doses; he mentioned the use of Arsenic in one-tenth millionth part of a grain. During 1800—1801 he is found to be using his remedies in very strong doses, *e.g.*, for abdominal pain with the stiffness in the sacral region, tenesmus and moisture in the rectum, Mercury was prescribed in six one grain doses. In 1802 we find him using Veratrum  $\frac{1}{2000}$  gr.; Mezereum  $\frac{1}{400,000}$  gr., Stramonium  $\frac{1}{300,000}$  gr, etc. In 1803, after obviously making initial experiments with certain medicines of considerably higher dilutions, Hahnemann gradually adapted stronger doses and then later returned to higher degrees of dilution. Thus we find Hahnemann still groping and experimenting hither and thither without making a final decision regarding the potencies and doses of drugs. Upto 1813 nothing definite was written by Hahnemann. There appeared a general remark that the spiritual power of the medicine attains its purpose not by quantity but by quality (*i.e.*, dynamic suitability, homœopathy). Even in the 1st edition of Organon (1810) there was no detailed treatment of the dosage question (as in the 5th and 6th editions); neither a word mentioned regarding the size of the dose of a medicine in the first part of *Materia Medica Pura* (1811)

But from 1812 it was on record that Hahnemann prescribed Arnica in the 18th and Nux Vomica in the 9th centesimal dilution. Definite statements about the use of small quantities of medicine are to be found in his article "The Treatment of Typhus Fever at Present Prevailing" published in 1814. Experience proved the efficacy of diluted medicines. Indeed his observations proved to him the fact that certain substances, generally considered to be ineffective in their natural form *e.g.*, ordinary salt, Charcoal, Lycopodium, Silicea, etc., become available as efficacious medicines only after prolonged trituration with milk sugar. These discoveries are the reason why Hahnemann from that time onwards, no longer designated the different degrees of his doses as "dilutions" but as "power developments" or potencies.

It must be noted that in 1813 Hahnemann published his remarkable essay "The Spirit of Homœopathy" wherein he formulated a clear conception of an organism and its difference from a mechanism and also development of his ideas regarding health, disease and drug-action. Disease, according to him, was only dynamical derangements of the vital character of our organism *i.e.*, consisting of altered sensations and functions of the body as a whole. A noxious natural agent or a drug produces disease in a similar way by altering the sensations and functions of the individual *i.e.* they affect the organism dynamically. As an organism is something more than a mechanism, so the drugs, besides their chemico-physical properties, possess another property or quality by virtue of which they alter the qualitative state of the organism through its altered sensations and functions. Thus quality—the pharmacological quality—of a drug does not depend entirely on their chemico-physical substratum which we call matter. On the other hand, the more the materiality of a drug is reduced by processes of dilution or trituration, the greater the pharmacological quality or the specific therapeutic quality lying hitherto dormant in the drug seemed to be unveiled or liberated for effective action. This idea is the seed of the dynamisation theory. One thing, more significant, has to be noted: It is not merely the process of dilution or attenuation that liberates the pharmaco-dynamic property of a drug but the friction which was taken recourse to by the drug with an inert vehicle by a process of succussion or trituration. So it is *dilution plus friction* which brings about the unfolding or intensification of the pharmaco-dynamic property of a drug. Thus Hahnemann wanted to interpret the drug-action from a plane of quality and not from that of quantity—an idea simple enough but hard enough to be realised by a mind with a materialist trend *i.e.*, which regard the materiality of matter as the basic reality. Hahnemann raised the study of pharmacological and therapeutic properties of drugs to a level of "energetics" where quality or force is of primary consideration and matter, secondary. From 1816 to 1826 as Hahnemann gradually increased the dilution of remedies with the demand for higher and higher dilutions, oppositions from the allopaths as well as a section of followers of Hahnemann, grew also more and more. In 1825 violent attacks against Hahnemann and Homœopathy began to be published in various medical journals of Germany. Hahnemann published an article "How can small doses of such very attenuated medicine as Homœopathy employs still possess great power?" in 1827 in the second edition of vol. vi of *Materia Medica Pura*—wherein he

formulated an explanation to the vexed question. He writes there : "In the preparation of the Homœopathic medicinal attenuations, a small portion of medicine is not merely added to an enormous quantity of non-medicinal fluid, or only slightly mingled with it ... but by the prolonged *succussion* or *trituration*, there ensues not only the most intimate mixture, but at the same time—and this is the most important circumstance—there ensues such a great, and hitherto unknown and undreamt of change, by the development and liberation of the dynamic powers of the medicinal substance so treated, so as to excite astonishment."

How Hahnemann hit upon the idea of *friction* to bring about this remarkable change in the pharmaco-dynamic activity of a drug by observing somewhat analogous phenomena in the physical domain, is clearly put forth by himself in the same essay thus :

"The physical change and development of power that may be effected by *trituration* in natural substances, which we call matter, have hitherto only been surmised from some circumstances—but the extraordinary effects it can produce in the way of developing and intensifying the dynamic forces of medicines, have never been dreamt of.

"Now, with respect to the development of physical forces from material substances by *trituration*, this is a very wonderful subject.

"It is only the ignorant vulgar that still look upon matter as a dead mass, for from its interior can be elicited incredible and hitherto unsuspected powers.

"The great mass of mankind see, for example, that when a piece of steel is strongly and rapidly rubbed by a downward stroke against a hard stone (agate, flint), an operation that is termed striking fire, incandescent sparks fly off (and kindle the tinder or punk they fall on) ; but how few among them have carefully observed and reflected upon what really takes place here. All of them, or at least almost all, go on thoughtlessly lighting their tinder, and almost no one perceives what a miracle, what a great natural phenomenon is here disclosed.

"When sparks are thus struck with sufficient force, and caught on a sheet of white paper, then we may see, either with the naked eye or by means of a lens, usually small pellets of steel lying there, which have been detached in a state of fusion from the surface of the steel by the smart *friction blow* with the flint, and have fallen in an incandescent state like small fire-balls, in the form of sparks, upon the paper, where they cooled.

"How can the violent friction of the flint down the steel (in the operation of striking fire) cause such a degree of heat as to fuse steel into little balls? Does it not require a heat of at least 3000° of Fahrenheit's thermometer in order to melt steel? Whence comes this tremendous heat? Not out of the air for this phenomenon takes place just as well in the vacuum of the air-pump, therefore it must come from the substances that are rubbed together; which is the fact.

"But does the ordinary individual really believe that the cold steel which he draws thoughtlessly from his pocket to light his tinder contains hidden within it (in a latent, confined, undeveloped state) an inexhaustible store of caloric, which the *friction* only develops, and as it were, wakes into activity? No, he does not believe it, and yet so it is.

"The effect of friction is so great that not only the internal physical properties, such as caloric, odour etc., are roused and developed by it, but also the dynamic medicinal powers of natural substances are thereby called forth to an incredible degree, *a fact that has hitherto escaped observation.*

"I was apparently the first who made this great, this extraordinary discovery, that the properties of these crude medicinal substances gain, when they are fluid by repeated *succussion* with unmedicinal fluids, and when they are dry by frequent continued *trituration* with unmedicinal powders, such an increase of medicinal power, that when these processes are carried very far, even substances in which for centuries no medicinal power has been observed in their crude state, display under this manipulation a power of acting on the health of man is quite astonishing."

..."Medicinal substances are not dead masses in the ordinary sense of the term, on the contrary, their true essential nature is only dynamically spiritual *i.e.* pure force, which may be increased in potency almost to an infinite degree, by that very remarkable process of trituration (and succussion) according to the homœopathic method."

Thus Hahnemann's exposition of the rationale of the process of friction by any method, whatsoever, is clarity itself but the professors of the orthodox school turned a deaf ear to his exhortations.

In 1828 a new chapter in the theory of doses was opened out by the appearance of Hahnemann's "Chronic Diseases." In the introduction to Vol. I he wrote in unequivocal terms that he began with small doses of one grain in the 2nd or 3rd trituration but experience taught him to give preference to higher dilutions or potencies as he called them.

Then began an era of high potencies. But the followers of Hahnemann outdid Hahnemann in using drugs in 60c, 90c, 200c and 1,500c. (cf. Dr. Gross, Dr. Schreter in Lemberg; General Korsakoff in Russia the real founders of the theory of high potencies, which later on found an industrious and zealous protagonist in Stapf.

So Hahnemann came upon the strange idea of setting up a standard dose for all curative remedies used in Homœopathy. This was to be 30c. This evoked opposition from his students and other homœopathic physicians. The oppositionists led by Dr. Trink, Gresselich of Karlsruhe. They were undoubtedly right in asserting that blind obedience to Hahnemann's demand would end immediately all considerations of the individual characteristics of each patient. They wanted to keep their mind open as one had to pay attention to age, sex, temperament and physical nature of the patient as well as the course and seriousness of illness.

From this time onward Hahnemann began to realise more and more clearly that the pharmaco-dynamic action of a drug was of purely a qualitative nature and that this quality, though invariably associated with its physico-chemical stratum (which we ordinarily call matter) is not entirely dependent on it. The essence of matter is something which under different formulation and organisation, present different manifestations; as for example under a special formulation it presents physico-chemical properties and may put forth other qualities or forces in other kinds of formulation. In the process of higher and higher attenuations plus friction, the matter undergoes some such changes in formulation and organisation of its inherent substance that a new set of powers develop in it by virtue of which homœopathic preparations of drugs act on living organisms. This idea impressed on him so much that it was no longer sufficient for him to administer a globule of 30c as a dose; he began now to restrict himself to letting the patient smell a single globule of the size of a poppy-seed of 30c potency.

Hahnemann's correspondence with Boenninghausen, carried on uninterruptedly from 1830—1843 gives us a clear insight into his conception of dynamisation of drugs through this mathematico-physical process of attenuation (whether dilution or trituration) through the process of friction by means of succussion or trituration.

Hahnemann's final decision in favour of high potencies resting on his conception of dynamisation of drugs after dilution and succussion put

forth in the 5th edition of Organon (1833). It is to be noted that it is in this edition Hahnemann had a clearer conception of vital force and its role in the maintenance of health and production of disease in the human organism. Paripassu with his conception of "vital force" as the source of physical life in the organism manifesting in and through the material body he clarified his ideas about the qualitative force of drug manifesting in and through the material mass of the latter. As vital force and the material body is inseparably connected with each other there are enough reasons to believe that the vital force is the source and the material body is the base on which it exists and through which it effects its working. Similar is the case with the substance and its quality. A quality is the force which works in and through a substance, the source and substance being the base. The almost insurmountable difficulty to ordinary understanding is the body-life complex. But it is solved if we bear in mind that all human energy has a physical basis. The mistake made by ordinary people is to suppose the basis to be everything and confuse it with the source. The source of life and energy is not material but spiritual (not in the religious sense), but the basis, the foundation on which life and energy stand and work is physical.

In 1839 the second edition of "Chronic Diseases" was published wherein Hahnemann confirmed his dynamisation of drugs in the following words: "Homœopathic dynamisations are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state; which then become capable of acting in almost a spiritual manner upon our life—that is to say, on our percipient (sensitive) and excitable fibres...These preparations cannot, therefore, have the term dilutions applied to them, and thus to liberate and bring to light the more subtle part of the medicinal power that lies still deeper, which were impossible to be effected by the greatest amount of trituration and succussion of substance in a concentrated state."

As regards the preparations of "potencies" he first recommended the most appropriate number of succussions as *two* only (5th edition, Organon). But he altered his opinion repeatedly within a few years.

In the preface to the third part of the second and improved edition of 'Chronic Diseases' (1837) while speaking about the "technical side of Homœopathy" he wrote thus: "When I used to administer medicine undivided, each taken with a little water at one dose, I found that potentizing in phials with *ten* succussions often acted too strongly.



But as for several years I have been able to give each dose in a solution which will not deteriorate...now no potency in a vial is too strong if prepared each time with *ten* succussions. I must therefore take back what I said on this object three years ago in the first part of Chronic Diseases."

In the sixth edition of Organon (1842) Hahnemann made a tremendous departure from his previous instructions regarding dose and repetition and preparation of medicine in chronic diseases. In preparing a next potency of medicine he shook up with 99 drops of spirit of wine, *not one drop* of the tincture but a *globule* saturated with the medicine and this he dissolved in a drop of distilled water. In this kind of dynamisation the material part of the medicine was said to be decreased 50,000 times for each degree of dynamisation and yet the curative powers of the medicine was increased tremendously.

Potencies prepared in this new way were described by Hahnemann as "*Medicamentum aglobule*" as distinct from "*Medicaments à la gouttee*" prepared by his previous method. (Organon, 6th edition, note to Sec. 270). As regards succussions he recommended 100 of them for each act of potentization. Hahnemann preferred in later years of his life to use high potencies. But it is just inaccurate to say that he had entirely given up the idea of inhaling medicines as it is to believe that he used nothing but high potencies.

In reply to a query made by Dr. Breyfogle of Louisville, U. S. A. to madam Hahnemann, shortly before her death, for information about the degree of potency which Hahnemann had been accustomed to employ during the last years of his life, the latter sent the following reply: "Your enquiry whether Hahnemann altered his views about potencies in the last period of his life and whether he made use only of high potencies, I can answer in this way: 'Hahnemann used all degrees of dilutions, low as well as high as the individual case required. I saw him give the third trituration, but I also know that he used the *200th or even the 1000th potency* when he considered it necessary.'"

Instructions regarding the latest method of dynamisation of drugs are recorded in the Sec. 270-272 of Organon, 6th edition.

THE INSTRUCTIONS FOR PREPARING THE MEDICINES IN SUCCESSIVE POTENCIES WERE LAID DOWN IN SEC. 270 OF THE 5TH EDITION, ORGANON, THUS :

1. *Two drops of the fresh vegetable-juice is mixed with an equal proportion of alcohol, are diluted with 98 drops of alcohol and potentised*

by two succussions of the hand—this is the first development of power (potency).

2. The same process is then to be repeated with 29 successive vials, each vial to contain 99 drops of alcohol, filling  $\frac{3}{4}$ th of the vial; this second vial, is then to be shaken twice, and so on to the 30th development of power.

° 3. This is the potentiated decillionfold dilution (x), and the one Hahnemann instructed to use in all cases of chronic diseases.

4. Pure metals, their oxides and sulphurets and other minerals *e.g.*, petroleum, phosphorus, neutral salts, etc., (excepting Sulphur) are first to be potentized to the million-fold dry or powder-dilution, by triturating them for 3 hrs.; then one grain of trituration to be dissolved and diluted in 27 successive vials, up to the 30th potency.

HAHNEMANN'S LATEST INSTRUCTIONS (SEC. 269 OF ORGANON, 6TH EDITION) ARE AS FOLLOWS :

1. For soluble substances take the 2c, and for insoluble take the 3c trituration.

2. Dissolve a grain (.063 gmm.) in 25 gms. of 30% alcohol. This now constitutes the Mother-tincture.

3. Add 1 drop of mother-tincture to 500 globules of sac. lac.

4. Use No. 1 globules, weighing 0.5 mgm. each.

5. Shake the globules in a mortar till dry.

6. To a bottle of convenient size add *one* of these *globules* and one drop of distilled water, allow the globules to dissolve (in about two minutes); then add 99 drops of 90% alcohol.

7. Give the bottle 100 succussions.

8. Now take one drop of this potency and add to 500 fresh globules.

9. Shake these in a mortar till dry and place in a small vial. This is dilution No. 1.

10. Proceed in the above manner until you arrive at dilution No. XXX. As one globule represents  $\frac{1}{500}$ th of a drop of the centesimal dilution we arrive at  $500 \times 100 = 50,000$ th potency.

Thus Hahnemann's process of dynamisation of drug is a simple one in which the materiality of a drug "seems" gradually to be dissolved and

resolved into pure medicinal spirit so that the specific qualitative force inherent in a drug is liberated and some how transmitted to the non-medicinal vehicle to effect qualitative changes (in the form of altered sensations and functions) in the living organism.

11. If a physician prepares the homœopathic medicine himself he may use the fresh plant himself.

(a) A few grains of the plant mixed with 100 grains of sugar of milk, three distinct times, will come to the one-millionth trituration as described (in Sec. 270) before, for further potentizing a small portion of this trituration is to be dissolved and diluted by means of succussion.

(b) This procedure is to be observed in case of all crude drugs of either dry or oily nature.

#### PROCEDURE FOR TREATMENT.

1. Take one globule of the selected potency and add to it 10 gms. of 30% alcohol.

2. Give the bottle to the patient and instruct him to take 5 to 8 drops each morning on waking, in a little water.

3. The patient has to shake the bottle 10 to 20 times in the following manner: Hold the bottle in the right hand and beat this closed fist against the open palm of the left hand.

4. It is necessary that each dose should be some what a different potency.

#### SEC. 273-274.

**Only one, Single, Simple Remedy should be given to the Patient at one time.**

Hahnemann, here, writes in unmistakable terms about the impropriety of giving more than one medicine at one time. "On the question of double remedies, to which Dr. Ægidi gave the impulse Hahnemann returned after some vacillation to pure homœopathic principles and these he upheld with remarkable keenness to his friend Boenninghausen, who had been first won over to the cause of double remedies.

...This interlude of double remedies shows two things. On the one hand, it shows that Hahnemann was continually seeking out new paths

and further improvements for his process of healing. On the other hand it shows that he never struck to his own opinions and views refusing to be taught, but that he was ready to leave them and alter them if some better idea was taught him.

—(Pp. 182 R. Hæhl's *Sammuel Hahnemann, His Life and Work*).

Thus we find that Hahnemann was an experimenter all his life. He never allowed theories to modify facts but he was always prepared to be led by his observations and experiments. Discussing the dose of the homœopathic medicine he was of opinion that one single globule (100 of which make up a grain) saturated with the required potency of a drug is the proper dose for administration. Still he wrote "to solve this problem is not the work of theoretical speculation ; not by fine-spun reasoning, not by specious sophistry can we expect to obtain the solution of this problem." (Sec. 278 *Organon*, 6th edition).

### **An attempt at Scientific Explanation of the Dynamisation Theory of Drugs.**

After all are said and done the present-day scientists of materialistic bend of mind refuse to accept Hahnemann's explanation about it, as it smacks of mysticism and metaphysics and is not based upon chemico-physical conception of matter." According to them matter and its laws are the only realities in the universe. No explanation is scientifically valid for them unless it is based on the truth of physical sciences. The modern scientists find fault with the initial assertion of Hahnemann that a piece of matter can be divided infinitely. Modern physical science has found out by accurate mathematical calculations that the divisibility of any substance is limited by the size of its molecules. According to the established constant (Loschmidt's constant) only one molecule, say of Hydrogen, can be expected in an attenuation of approximately  $1 : 10^{-22}$  parts. Translated into the terminology of Homœopathic potencies that would be equal to  $1 : 100^{-11}$  i.e., the 11th centesimal potency. In this region then we should find ourselves confronted with the last molecule of the original substance which was subjected to attenuation on the centesimal scale of progression. Still it is the undeniable fact of experience common to all homœopathic practitioners that much higher potencies of drugs do act and act with marvellous therapeutic success. So the problem is to find an explanation or rationale of the 'modus operandi' of these homœopathic medicinal preparations, which will be accepted by modern physical sciences.

What could happen in the process of potentiising a drug in a vehicle of milk sugar or alcohol? Dr. O. Lesser offers an explanation to the effect that if the vehicle itself were transformed in a way specific to the drug at certain stages, say when its molecules are torn asunder and separated by wide spaces of the medicine, the vehicle itself might assume new properties induced by the drug. Each part of the vehicle would then transmit the change, representing specific potential action, to the next stage. How could the drug impress its molecular activity on the vehicle? Formation of new chemical compounds can be dismissed, as this would encounter the same difficulty of finite divisibility of matter. We know, now, that matter may exist in solid, liquid, gaseous or radio-active state. Some try to explain the efficacy of a potentized homœopathic drug on the theory of induction of the specific rhythm of the drug substance into the vehicle by radiation. In support of their theory they put forward several instances of physico-chemical transformation effected by radiation *e. g.*, the synthetic reactions effected by light-rays in molecular structures of plant-cells or of ergosterol acquiring the properties of Vitamine D by radiation of certain wave-lengths.

It has also been observed that certain substances have been seen to become luminiscent, *i. e.*, radiating light, under intense trituration, a phenomenon called "tribo-luminescence."

There is nothing strange in supposing radiation to become more manifest as the effect of mechanical interference of the kind described for potentization process. Like the experimental production of radio-activity it is found that succussive potencies have the curative drug-power, that this property cannot be washed out of a vessel and that it can be destroyed by heat. Homœopathic pharmacy causes at a certain stage the development of a particular kind of physical force (*e. g.*, radio-active energy) which can therefore be transmitted to succeeding potencies. But this explanation has two great difficulties to meet, as ably pointed out by Dr. C. E. Wheeler in his masterly work "An Introduction to the Principles and Practice of Homœopathy." *First* all the actions transmitted by radiation are seen so far to be nonspecific for the emanating substance; whereas the potencies of drugs have specific powers, differing for each drug, relating the same indications for use as the tinctures from which they are made. *Secondly*, clinical experiments suggest that sometimes at least the higher potencies are more powerful than the less high (*e. g.*, 1M than 200 and 30) and this cannot be explained on the basis of any knowledge of physics, acquired as yet by scientists. However we

entirely agree with Dr. Lesser when he writes a "verdict of impossible in the name of science would appear to be nothing more than a poor conception of science which has the task of conforming thought with observation—not the reverse."

Thus the whole subject remains obscure but is being patiently investigated. We refer Dr. Boyd's (of Glasgow) researches in Emanometer working. The essence of the particular research of Dr. Boyd lies in the demonstration of a hitherto unsuspected kind of electro-magnetic energy which radiates from all forms of matter. The Emanometer not only detects this energy but also measures its intensity and demonstrates variations in its character or quality. The character of energy varies according to the type of specimen from which it emanates, so that each substance can be shown to radiate a particular quality peculiar to itself. The intensity of the energy varies also according to the type of specimen ; it is relatively very much higher in tests taken from living things than in those from ordinary 'dead' matter. When a substance is potentised, the intensity of the energy increases with each stage of potentisation, till in the range known as "high potencies" it becomes comparable to that exhibited by the living subject. Boyd's Emanometer gives, for the first time, a laboratory demonstration of the existence of medicine even in high potencies, which could not have been detected by any chemical or physical test known as yet and which was so long being scoffed at persistently by the school of so-called Modern Scientific Medicine. The progressive rise in the energy intensity during the preparation of homœopathic remedies reveals the prophetic and intuitive insight displayed by Hahnemann when he declared that his method of preparing medicines by successive dilutions and succussions not only attenuated the material dose but released the curative energy of the drug and hence the "dilutions" should be termed as 'potencies' or 'dynamisations'. Thus Hahnemann discovered a link between matter and life ; and Homœopathy demonstrates, in a way, the truth of evolution of life in matter ; and also the fact that "it is life that manifests in the force of the earth as much as in the plant that grows upon the earth and the animals that supports their existence by devouring the life-force of the plant or of each other (Life Divine by Sri Aurobindo).

Boyd's researches regarding electro-physical phenomena manifested by living organisms and potentised remedies are quite welcome and absolutely scientific to the effect that they are the means of bringing facts and objects not seizable by our corporeal organs into the field of

objectivity. But they cling to the same standard of reality, the objective physical actuality ; their test of the real is possibility of verification by positive reason and objective evidence. Science attempts to bring down the phenomena of the supra-sensible world to the plane of sense-perceptible world and in so doing it at best, deals with symbols and abstractions of the factual reality. Mind and Life, in essence will elude the grasp of our senses and any attempt to bring them under the standard of "the balance and the measuring-rod" will always be attended with obvious limitations incidental thereto. The art of symptom matching between the natural and artificial diseases (drug-diseases) will always transcend (though not necessarily exclude) the limitations involved in the process of comparing the graphs of vibration-frequencies due to natural and experimental disease-conditions in the living human body. Symptom-matching is a direct process while that of comparing the electro-physical records is, at best, an indirect process and useful under limited conditions. Human organism is a far more sensitive instrument than an Emanometer though the latter is certainly useful for scientific precision and exactitude of knowledge. Let us accept Boyd's discoveries by all means but we should guard ourselves against committing the mistake which the par-boiled materialists make, namely that because life-phenomena are associated with certain electro-physical disturbances in the body, they are *caused* by those electro-physical changes.

#### AN ATTEMPT AT A PHILOSOPHICAL AND METAPHYSICAL EXPLANATION OF THE DYNAMISATION THEORY OF DRUGS:

Philosophy differs from science in its basic standpoint of realising the fundamental reality of existence. Matter, according to science, is the basic reality of the Universe we experience and live in ; whilst philosophy and metaphysics (of the Indian variety) hold the basic reality to be consciousness or correctly speaking, existence-consciousness-bliss (*Satchidananda*). Matter, life and mind are but different formations of that basic stuff of *Satchidananda* i.e. Existence that is consciousness or conscious power which is bliss. The universe is not a single creation but a triple formulation of one Supreme Reality as matter, life and mind. Each is as real as the other ; the laws and phenomena of each category are as relatively valid as the other. Each plane of creation lends itself to the same method of scientific investigation. But there is a system of hierarchy in the scale of existence ; mind first, life second and matter the lowest in the order.

The materiality of matter may not exist but that does not negativate the existence of the fundamental substance, the lowest formulation of which is matter. Energy, a manifestation of the force, seems to create substance but, in reality, as existence is inherent in conscious-force, so substance would be inherent in energy. Substance is a manifestation of the 'secret existence.' But the fundamental substance being spiritual, it would not be apprehended by the material sense. Arrangement of design, quantity and number is a base for the manifestation of quality and property. Design, quantity and number are powers of 'existence-substance'. Quality and property are powers of the consciousness and its force that resides in 'existence'; they can then be made manifest and operative by a rhythm and process of substance.

In any spiritual conception of the universe the modes of nature are all qualitative in essence and are called for that reason its "*gunas*" or qualities. This must be so because the connecting medium between Spirit and Matter must be psyche or soul-power and the primary action psychological and qualitative; for the *quality* is the immaterial, the more spiritual element in all the action of the spiritual energy, her *prior dynamics*. The predominance of physical science has accustomed us to a different view of Nature, because there the first thing that strikes us is the importance of the *quantitative* aspect of her workings and her dependence for the creation of forms on quantitative combinations and dispositions.

And even there the discovery that matter is rather substance or act of energy than energy, a motive power of self-existent material substance or an inherent power acting in matter has led to some revival of the older reading of the universal nature.

The analysis of ancient Indian thinkers allowed for the quantitative action of Nature, "*matra*," but that it regarded as proper to its more objective and formally executive working, while the innately ideative executive power which disposes things according to the quality of their being and energy, "*guna and swabhava*," is the primary determinant and underlies all the outer qualitative dispositions. In the basis of the physical world this is not apparent only because there the underlying, ideative spirit the "*Mahat or Brahman*," is overlaid and hidden up by the movement of matter and material energy.

But even in the physical world the miraculous varying results of different combinations and quantities of elements otherwise identical with each other admits of no conceivable explanation if there is not a



superior power of variative quality of which these material dispositions are only the convenient mechanical devices. Or there must be a secret ideative capacity of the universal energy, *Vijnana*—which fixes the mathematics and decides the resultants of these outer dispositions ; it is the omnipotent idea in the spirit which invents and makes use of these advices.

There is nothing unreasonable to suppose that the qualities in a material body may not be absolutely dependent on its material structure, the spiritual energy behind it may manifest itself more powerfully in a different combination. The cause of diversity in Nature lies in the fact that the '*Vijnan*' or Creative Idea takes delight in creating infinite variations in the substance of the one Reality. So quality is a character of a power of conscious being or the consciousness of being expressing what is in it that makes the power it brings out recognisable by a native stamp on it which we call quality or character. Drug-power is the power of a drug and to cure is its property ; a special force of being native to the herb or mineral from which it is produced, and this speciality is determined by the Real-idea concealed in the involved consciousness which dwell in the plant or mineral ; the idea brings out in it what was there at the root of its manifestation and has now come out thus empowered as the force of its being.

And in the vital and mental existence *quality* at once openly appears as the primary power and amount of energy is only a secondary factor. But in fact the mental, the vital, the physical existence are all subject to the limitations of quality, all are governed by its determinations, even though that truth seems more and more obscured as we descend the scale of existence. Only the spirit, which by the power of its idea-being and its idea-force called *Mahat* or *Vijnan* fixes these conditions, is not so determined, not subject to any limitations either of quality or quantity because its immeasurable and indeterminable infinity is superior to the modes which it develops and uses for its creation.

With this philosophical background there would be no difficulty in understanding how an infinitesimal quantity of a drug can still remain its specific quality and exert its power through that specific quality.

(Adapted from Sri Aurobindo's)  
writings.

### Conclusion.

1. There is no material drug in our high potencies.
2. The drug before losing all its material properties has—in some way which we do not yet understand—left its imprint on the diluting fluid and imbued the latter with energy of its own characteristic type.
3. There is no difficulty in understanding how the infinitesimal quantity still retains its specific qualitative power if we philosophically, re-orientate our fundamental views on Spirit and Matter.
4. The orthodox school believed with dogmatic certainty that there was no difference between the pure fluid before potentising has started and the fluid the homœopath had called a high potency. The Emanometer demonstrates conclusively that there is a difference and thus destroys all the force of the allopath's argument.
5. Simple dilution causes only an infinitesimal rise in potency energy, and it is left to successive taps to release the energy at each stage. They are, however, able to do this only up to a certain limit. Once that limit is reached no more energy is involved until further dilution makes it possible for succussion again to take effect.

### SEC. 282.

#### Homœopathic Aggravation.

It may be either (1) increase or intensification of already existing symptoms

Or (2) showing signs of activity of a latent disease, under the action of a deeply acting Homœopathic medicine, which expresses itself in the return of old symptoms or the appearance of new symptoms.

#### THE FOOT-NOTE TO SEC 282

In the sixth edition of Organon Hahnemann in his treatment of chronic diseases in their first stages, has departed absolutely from that advised in former editions. He now advises to commence treatment of the three great miasms while they still effloresce on the skin (*i.e.*, recently erupted itch, the untouched chancre and the figwarts) with large doses of their specific remedies of ever higher and higher degrees of dynamisation daily (possibly also several times daily).

"If this course be persued, there is no danger to be feared as is the case in the treatment of diseases hidden within, that the excessive dose while it extinguishes the disease, initiates and by continued usage possibly produces a chronic medicinal disease. During external manifestations of these three miasms this is not the case ; for from the daily progress of their treatment it can be observed and judged to what degree the large dose withdraws the sensation of the disease from the vital principle day by day ; for none of these three can be cured without giving the physician the conviction through their disappearance that there is no longer any further need of these medicines.

"Experience, however, teaches that the itch, plus its external manifestations, as well as the chancre, together with inner venereal miasms, can and must be cured only by means of specific medicines taken internally. But the figwarts, if they have existed for some time without treatment, have need for their perfect cure, the external application of their specific medicines as well as their internal use at the same time.

#### SEC. 284

### **What parts of the body are more or less susceptible to the influence of the Medicines ?**

The following parts of the body are susceptible to the influence of medicines :

(1) Tongue, (2) Mouth, (3) Stomach, (4) Nose and Respiratory organs, (5) The whole remaining skin of the body clothed with epidermis, especially if the inunction is connected with simultaneous internal administration. In doing so, he must avoid the parts subject to pain and spasm or skin-eruption.

#### SEC. 286--291.

### **Other Therapeutic Measures :**

MINERAL BATHS, ELECTRICITY, MAGNETISM, MESMERISM, MASSAGE, HYDROPATHY.

Hahnemann recognised the value of agents other than drugs to be used as therapeutic measures for the relief of the sick. True to his dynamic conception of Life-force he saw the propriety of using some other physical energies which are subtle enough to act on the former.

He defined the scope of therapeutics of those agents, *e.g.*, Baths, Electricity, Magnetism, Mesmerism etc. He hinted that these measures are especially useful for diseases of sensibility or irritability, abnormal sensations and involuntary muscular movements.

It is gratifying to note that each of the physio-therapeutic measures mentioned by Hahnemann has developed into a distinctive science, and people are specialising in those departments with the increase of knowledge in each of these departments.

Successive editions of Organon reveal the progressive clarification of Hahnemann's conception of Life-force. "The existence of a vital force or life-energy has been doubted by western science, because that science concerns itself only with the most external operations of Nature and has as yet no true knowledge of anything except the physical and outward. This Life-force is not physical in itself; it is not material energy but rather a different principle supporting Matter and involved in it. It supports and occupies all forms and without it no physical form could have come into being or could remain in being. It acts in all material forces such as electricity and is nearest to self-manifestation in those that are nearest to pure force (this justifies the propriety of electrical therapy); no material force could exist or act without it, for from it they derive their energy and movement and they are its vehicles. But all material aspects are only field and form of the Life-principle ('Prana' in Indian Philosophical terminology) which is in itself a pure energy. their cause and not their result. It therefore can not be detected by any physical analysis; physical analysis can only resolve for us the combinations of these material happenings which are its results and the external signs and symbols of its presence and operation. We can become aware of its existence by that purification of our mind and body and that subtilisation of our means of sensation and knowledge which become possible through Yoga." (Sri Aurobindo : *Kena Upanishad*).

Another basic psychological factor came to occupy Hahnemann's mind. Perception without conception is blind; and conception without perception is empty. Homœopathy studies disease-symptoms and drug-symptoms as facts *i.e.*, in their concrete wholeness; it studies them as unique, a-logical facts transcending the logical conceptions involved in them which are studied through physiology, pathology and other allied sciences—these scientific studies being abstract conceptual studies, miss the continuum of experience which is the living reality. Sense-percepts

give us a complete though vague character of the fact as a whole ; conceptions give us a clear though abstract character of the facts as fact-sections ; whereas intuition gives us an integral knowledge of conceptions merging back into perceptual flux and thereby illuminating the latter as a whole. Homœopathy demands from us the development of this intuitive faculty in the field of Medicine to keep us closer to factual reality. Thus the conflict between so-called modern Medicine and Homœopathy resolves then into a conflict between the tendency of a rational logic and that of an irrational or rather supra-rational bio-logic.

Though Hahnemann was an out and out scientist, his deep intuition led him to speculate on metaphysical problems ; and it is not a mere coincidence that his lines of thought bear a close parallelism with those of the ancient Indian thinkers. Given the proper facilities for its growth and spread Homœopathy holds a brighter future for the suffering humanity ; and Hahnemann's Organon will always remain as one of the most important land-marks in the vast uncharted sea of life which comprises the scope and subject-matter of Medicine.





